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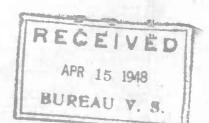
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

	0	3	5	4	1	2
Reg.	Dia	ŧ.	No.	5		0

					Reg. Diac. No.	
1. PLACE OF DE	ATH:			2. USUAL RESIDENCE (HOME) 0	F DECEASED:	
County	Baltim			(For newborn infants give residence of		
City or town Ful	lerton, Md	•	URAL and give nearest town)	State Maryland Con		
(11	outside city or town II	ife	URAL and give hearest town)	City or town Fullerton, Mc	d. s, write RURAL and give near	root town)
How long In above place of dealh? life Hospital, Institution, or street address where death occurred:		Street No. E. Joppa Road	s, write NORAL and give near	rest towny		
Troubles manual or state and a			e LOCATION)			
How long in hospital or institution?				2.(a) If veteran, name war		0.0.0.0.00
3. (a) FULL NAME					3. (b) Social Security 1	Vumbar
()		יסמוווויסטי	n		3. (b) Social Security 1	( amoet
	RTA G.M. A		t, married, widowed, or divorced			
4. Sex					ERTIFICATION	
female	white	W	idowed	2D. DATE OF DEATH. April 1st,	19. 48	, at 6:30 A M
	or wife C. Ed	ward A	kehurst	21. I CERTIFY that death occurred on the date abo	ove stated; that I attended decea	sed from
6.(0) Name of Rusband				march 10 19	48, agest	14 19 95
7. Birth date of			c) If alive, give ageyears	and that I last saw had alive on2	24/31	19 K
deceased (mo., day,	yr.) Nov.	13th,		Immediate cause of death		DURATION
8. AGE: Year		Days	if less than one day		· 01	
79	) 4	18	hrsmln.	neyocalde	alpeople	seed,
	Harford Co	untv. l	Md.	Due to		3 Local
9. Birthplace	(Town,	county, and	itate)	- +	0/1	1 -14
1D. Usual occupation.	at	home		Proto (Merco )	coroses	
11. Industry or busine			1	Due to		STES.
	Geo. W. Ma	rtin		Other conditions		
H -	Harford	County	, Md.	Direct conditions		
	Thomas A	Diarca	A CONTRACTOR OF THE PARTY OF TH	(Include pregnancy within 3	months of death)	
岩 14. Maiden name	Emma A.	1 1 61 0 0		Major findings of operations	***************************************	
HI 14. Maiden name	Baltimor		ty, Ma.		Date of op	
16. InformantD.	Elmer Ake	hurst		Antopsy results	***************************************	
	. Joppa Rd.		erton P.O.	PHYSICIAN: Please underline the cause to w	hich death should be charged	statistically.
	ooppa na		1. /1. /1.8	22. VIOLENCE: It death was due to external ca	uses, till in the following;	
17 burial	an nomoual Which?	Date ther	eot (month) (day) (year)	Accident, sulcide, or homicide	Data of	
			(month) (day) (year)	Whare did Injury occur?(City or town)		(State)
Camp Chapel Fullerton, Md.				11		(State)
Location				Injured at home, tarm, industry, public place (w		*************************
18 Funeral director	Lassahn	Fun	nal Home	Means of Injury	tnjured at work?	
	7401 Bela	air Roa	id /	1911	1.44/6000	110
Address	2)1	01	+	23. SIGNATURE OF COLUMN	Wijece	or other
194/2/4	8 hol	1495	mmunt	11/1 Ricelia	lesse M. D.	\$/1/110
Date reg d by r	egistrar)		Registrar	Address		



03550

# CERTIFICATE OF DEATH

Reg. Diat. No.....

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF D	ECEASED:
County dallo.	(For newtorn infants give residence of mot	12 -1111
City or town fit outside city or town limits, write RURAL and give nearest town)	State County	8-1-
How long in above place of death?	City or town(If butside city or town limits, w	rite RURAL and give nearest town)
Hospitai, institution, or street address where dath occurred:	Street No. 7229 Thal	Iman are
9 4 D St. Or tarken office	(If rural, give LO	CATION)
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	(Amisano)	3. (b) Social Security Number
Carlo Lewis anni	oano.	218-01-8815
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CER	TIFICATION
male expl: married	2D. DATE DF DEATH.	1 1 154 8 at 9 5
Mariai D.	21. I CERTIFY that death occurred on the gate above s	tated; that I attended deceased from
6,(b) Name of husband or wife 4000000000000000000000000000000000000		, 10
T. Birth date of	and that I last saw halive on	19
deceased (mo., day, yr.) June 22/1900	Immediate use of death	
8. AGE: Years Months Days If less than one day		7
4700 9 13hrsmin.	Cornery a	eccles to
9. Birthplace Lale	Due to	
9. Birthpiace(Town, county, and state)		
10. Usual occupation Ofto	Due to	
11. Industry or business Politic Steel Co.		
12. Name Heline and	Other conditions	
12. Name Stillinge Classification of the state of the sta	(Include pregnancy within 3 mon	Al- of Joseph
# 14. Maiden name.	(Include pregnancy within 3 mon	ths of death)
14. Maiden name	Major findings of operations	
15 14		
16. Information I a one Comusano.	Autopsy results	death should be charged statistically.
hearings harrows compy feer	22. VIOLENCE: If death was due to external causes.	
Removal Date thereof 4/1/4		
(Burial, cremation, or removed Which?) (nonth) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory	Where did injury occur?(City or town)	(County) (State)
Location Milwell Lew persey	Injured at home. farm, Industry, public place (where	
Stay Earth Yare	Means of Injury	Injured at work?
18. Funeral director	the o	1 mg
Address / 1/1 DI · Valle DI	23. SIGNATINE	M. or other
19. april 6 19 48 a. W. Hedrick	Capity mes	and signed a fell

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and



# CERTIFICATE OF DEATH

03551 Reg. Dist. No. 40

County M. G. Clenarm, Md. City or town. Clenarm, Md. City or town. Cit consists of the or town thinks, write RURAL and give nearest town. City or town. City or town thinks, write RURAL and give nearest town. City or town. City or town thinks, write RURAL and give nearest town. City or town. City or town thinks, write RURAL and give nearest town. City or town. City or town thinks, write RURAL and give nearest town. City or town. City or town thinks, write RURAL and give nearest town. City or town. City or town thinks, write RURAL and give nearest town. City or town. City or town thinks, write RURAL and give nearest town. City or town. City or town thinks, write RURAL and give nearest town. City or town. City or town thinks, write RURAL and give nearest town. City or town. City	1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Street No. Long in baselial or institution?  3. (a) FULL NAME  JOHN WILLIAM AMREIN  3. (b) Social Security Number  3. (b) Social Security Number  3. (b) Social Security Number  3. (c) It return, name war.  3. (b) Social Security Number  MEDICAL CERTIFICATION  A Pril 12th  18	Glenarm, Md.	State Maryland County Baltimore		
Street No. Long in baselial or institution?  3. (a) FULL NAME  JOHN WILLIAM AMREIN  3. (b) Social Security Number  3. (b) Social Security Number  3. (b) Social Security Number  3. (c) It return, name war.  3. (b) Social Security Number  MEDICAL CERTIFICATION  A Pril 12th  18	(If outside city or town limits, write RURAL and give nearest town)	City or town. Glenarm, Md.		
Street No. Long in baselial or institution?  3. (a) FULL NAME  JOHN WILLIAM AMREIN  3. (b) Social Security Number  3. (b) Social Security Number  3. (b) Social Security Number  3. (c) It return, name war.  3. (b) Social Security Number  MEDICAL CERTIFICATION  A Pril 12th  18	How long in above place of death?			
Rew long in baspital or institution?  3. (a) FULL NAME  JOHN WILLIAM AMREIN  3. (b) Social Security Number  3. (c) Full NAME  JOHN WILLIAM AMREIN  3. (b) Social Security Number  3. (b) Social Security Number  3. (c) Full NAME  White married discussed white married widowed or diversed male white married and provided and provided the security of the	nuspital, institution, or street sauces where access where			
4. Sea				
### Annie M. Amrein  6.(6) Hame of husband or wite.  ### Annie M. Amrein  6.(6) Hame of husband or wite.  ### Annie M. Amrein  6.(6) Hame of husband or wite.  ### Annie M. Amrein  6.(6) Hame of husband or wite.  ### Annie M. Amrein  6.(6) Hame of husband or wite.  ### Annie M. Amrein  6.(6) Hame of husband or wite.  ### Annie M. Amrein  6.(6) Hame of husband or wite.  ### Annie M. Amrein  6.(6) Hame of husband or wite.  ### Annie M. Amrein  8. AGE: Years Menths Bays Hies than one day Hies than than the Hies than one day Hies than than the Hies than the Hies than than the Hies than the				
male white married  6.(6) Name of husband or wife.  8.1	JOHN WILLIAM AMREIN	3. (b) Social Security Number		
8. AGE: Years Months Days Hiles than one day 10. Usual occupation. Store (keeper 11. Industry or busines: Hardware 11. Industry or busines: Hardware 11. Maiden name Margaret Knipp 11. Industry or busines: Germany 12. Industry or busines: Hardware 13. Birthplace Germany 14. Address Long Green Rd., Glenarm Address Thong Green Rd., Glenarm 15. Long Green Rd., Glenarm 16. Cenetry or cremation, or removal. Which: Bate thereof. (month) (day) (year) (Cenetry or cremation, or removal. Which: Blenheim 16. Funeral director Address Thong Belair Rd.	4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION A		
5. (c) If alive, give age.  7. Birth date of deceased (mo. day, r.) Nov. 26th, 1866  8. AGE: Years   Months   Days   It less than one day   Months   Balt   16   hrs.   min.  9. Birthplace.   Baltimore County, Md.   (Town, county, and stafe)  10. Usual occupation.   Storekeeper   10. Usual occupation.   Storekeeper   11. Industry or business   Hardware   12. Name   Henry Amrein   13. Birthplace   Baltimore, Md.   Major findings of operations.   Major findings of operations.	male white married	20. DATE OF DEATH April 12th 1948 at 12:25 M		
5. (c) If alive, give age.  7. Birth date of deceased (mo. day, r.) Nov. 26th, 1866  8. AGE: Years   Months   Days   It less than one day   Months   Balt   16   hrs.   min.  9. Birthplace.   Baltimore County, Md.   (Town, county, and stafe)  10. Usual occupation.   Storekeeper   10. Usual occupation.   Storekeeper   11. Industry or business   Hardware   12. Name   Henry Amrein   13. Birthplace   Baltimore, Md.   Major findings of operations.   Major findings of operations.	Annie M. Amrein			
2. Name		1/05 2/ 194/ 10 april /2 19 48		
8. AGE: Vears Months Days It less than one day  8. Birthplace. Bal timore County, Md.  (Town. county, and state)  10. Usual occupation.  11. Industry or business  Hardware  12. Name. Henry Amrein  13. Birthplace Baltimore, Md.  14. Maiden name. Margaret Knipp  15. Birthplace Germany  16. Informant Mrs. J.W. Amrein  Address Long Green Rd., Glenarm  Location Rlenkery St. Johns Lutheran  Date to Lathorn Location Which; Date of op.  Accident, suicide, or homicide.  Belair Rd.  Males of injury injured at work?  Males of injury injured at work?  M. D. or göter  M. D. or göter  M. D. or göter  M. D. or göter		and that I last saw h. Ann. alive on Cofemily 011 19 48		
8. AGE: Years   Months   Bays   Hiess than one day   8. Birthplace   Baltimore County, Md.   9. Birthplace   Storekeeper   10. Usual occupation   Storekeeper   11. Industry or business   Hardware   12. Name   Henry Amrein   13. Birthplace   Baltimore, Md.   14. Maiden name   Margaret Knipp   15. Birthplace   Germany   16. Informant   Long Green Rd., Glenarm   17. burial   Bale thereol   (month) (day) (year)   18. Funeral director   St. Johns   Lutheran   19. Euclide pregnancy within 3 months of death)   19. Cemetery or cremation, or removal. Which?   19. Cemetery or cremation, or removal. Which?   19. Funeral director   St. Johns   Lutheran   19. Funeral director   American   Johns   Johns   Johns   Johns   19. Funeral director   American   Johns   Johns   Johns   Johns   19. Funeral director   American   Johns   Johns   Johns   Johns   Johns   19. Funeral director   American   Johns   Joh	deceased (mo., day, yr.) NOV. ZOUN, 1000			
9. Birthplace Baltimore County, Md.  10. Usual occupation Storekeeper  11. Industry or business Hardware  12. Name Henry Amrein  13. Birthplace Baltimore, Md.  14. Maiden name Margaret Knipp  15. Informant Mrs. J.W. Amrein  Address Long Green Rd., Glenarm  Address Long Green Rd., Glenarm  16. Usual occupation Storekeeper  17. Durial  18. Funeral director St. Johns Lutheran  19. Enheim  19. Enheim  10. Usual occupation Storekeeper  11. Industry or business  12. Name Henry Amrein  13. Birthplace Baltimore, Md.  14. Maiden name Margaret Knipp  15. Informant Mrs. J.W. Amrein  16. Informant Mrs. J.W. Amrein  17. Durial  18. Funeral director St. Johns Lutheran  19. Funeral director American James American Address  19. Signature Means of Injury Injured at work?  19. Signature Means of Injury Injured at work?  19. Signature M. D. or other	o. AGE:	Henriplegia right		
10. Usual occupation. Storekeeper  11. Industry or pusiness  12. Name. Henry Amrein  13. Birthplace Baltimore, Md.  14. Maiden name. Margaret Knipp  15. Birthplace Germany  16. Informant Mrs. J.W. Amrein  Address Long Green Rd., Glenarm  17. Durial  18. Long Green Rd., Glenarm  Location  Blenheim  18. Funeral director  Blenheim  18. Funeral director  Address  7. Dol Belair Rd.  M. D. or other	81 4 16hrsmin.	0 0		
10. Usual occupation. Storekeeper  11. Industry or business  Hardware  12. Name. Henry Amrein  13. Birthplace Baltimore, Md.  14. Maiden name. Margaret Knipp  15. Birthplace Germany  16. Informant Mrs. J.W. Amrein  Address Long Green Rd., Glenarm  Address Long Green Rd., Glenarm  17. Durial Burial, cremation, or removal. Which?  18. Funeral director St. Johns Lutheran  Location Blenheim  18. Funeral director American Address  Told Belair Rd.  19. Signature  Dither conditions Burian St. Johns Lutheran (Include pregnancy within 3 months of death)  Major fieldinss of operations.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Means of injury occur?  (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Means of injury injured at work?  M. D. or other	Baltimore County, Md.	Que to I know boses middle		
11. Industry or business  Hardware  12. Name. Henry Amrein  13. Birthplace  Baltimore, Md.  14. Malden name. Margaret Knipp  15. Birthplace  Germany  16. Informant Mrs. J.W. Amrein  Address  Long Green Rd., Glenarm  17. Durial  (Burlal, cremation, or removal, Which?)  Cemetery or crematory. St. Johns Lutheran  Blenheim  18. Funeral director Amagarat Mrs.  19. Belair Rd.  Address  Thol Belair Rd.  Address  Thol Belair Rd.  Mrs. J.W. Amrein  Control of the conditions Data and the condition D		Cerebral astery 25 day		
12. Name Henry Amrein  13. Birthplace Baltimore, Md.  14. Maiden name Margaret Knipp  15. Birthplace Germany  16. Informant Mrs. J.W. Amrein  Address Long Green Rd., Glenarm  17. burial Date thereof (month) (day) (year)  18. Cemetery or crematory St. Johns Lutheran  Location Blenheim  18. Funeral director Address Tyol Belair Rd.  19. Address Tyol Belair Rd.  10. Belair Rd.  10. Belair Rd.  11. Maiden name Margaret Knipp  (Include pregnancy within 3 months of death)  Major fiudioss of operatious  (Include pregnancy within 3 months of death)  Major fiudioss of operatious  Autopsy results  PHYSICIAN: Please underline the cause to which death should be charged statistically.  Accident, suicide, or homicide Date of (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Meens of Injury injured at work?  Meens of Injury injured at work?	10. Usual occupation Storekeeper	Due to arlanias elendoso		
13. Birthplace Baltimore, Md.  14. Malden name. Margaret Knipp  15. Birthplace Germany  16. Informant Mrs. J.W. Amrein Address Long Green Rd., Glenarm Address Long Green Rd., Glenarm    Date thereof. (month) (day) (year)	11. Industry or business Hardware			
13. Birthplace   Baltimore, Md.	Henry Amrein	Other conditions Benign Inlangement		
14. Malden name. Margaret Knipp  15. Birthplace Germany  16. Informant Mrs. J.W. Amrein  Address Long Green Rd., Glenarm  burial  16. Burial Date thereof (month) (day) (year)  Cemetery or crematory. St. Johns Lutheran  Location Blenheim  18. Funeral director Address 71,01 Belair Rd.  Address 71,01 Belair Rd.  Major findings of operations.  Matopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  According the following:  City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Maens of injury injured at work?	13 Birtholace Baltimore, Md.	5 Len +		
Autopsy results.  Long Green Rd., Glenarm  Address  Long Green Rd., Glenarm  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide.  Blenheim  Location  Blenheim  Injured at home, farm, industry, public place (where?)  Meens of Injury  Injured at work?  M. D. or other		(Include pregnancy within 3 months of death)		
Autopsy results.  Long Green Rd., Glenarm  Address  Long Green Rd., Glenarm  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide.  Blenheim  Location  Blenheim  Injured at home, farm, industry, public place (where?)  Meens of Injury  Injured at work?  M. D. or other	E 14. Malden name	Major findings of operations		
Address Long Green Rd., Glenarm  burial  (Burial, cremation, or removal. Which?)  Cemetery or crematory. St. Johns Lutheran  location  Blenheim  18. Funeral director Language Turned Language	∑ 15. Birthplace Germany			
Address Long Green Rd., Glenarm  burial  (Burial, cremation, or removal. Which?)  Cemetery or crematory. St. Johns Lutheran  location  Blenheim  18. Funeral director Language Turned Language	16. Informant Mrs. J.W. Amrein	Autopsy results		
burial    Date thereof.	Long Green Rd., Glenarm			
Cemetery or crematory	1/7/1/18			
Cemetery or crematory. St. Johns Lutheran  Location Blenheim  Injured at home, farm, industry, public place (where?)  Meens of Injury injured at work?  Meens of Injury injured at work?  M. D. or other	(Burlal, cremation, or removal. Which?)  Date thereof			
Blenheim  Location Blenheim  Injured at home, farm, industry, public place (where?)  Meens of Injury Injured at work?  Meens of Injury Sacon M. D. or other  M. D. or other	Cemetery or crematory St. Johns Lutheran	Where did injury occur?		
18. Funeral director Lassahn Funeral Home.  Meens of Injury injured at work?  Meens of Injury injured at work?  Meens of Injury injured at work?  M. D. or other	Blenheim			
Address 7401 Belair Rd.  Address 7401 Belair Rd.  M. D. or other  M. D. or other				
1/12/2 M. D. or other	18. Funeral director Lass ahm tumeral Homes.			
M. D. of other	Address 7401 Belair Rd.	and all Sacon W.D.		
Registrar Address 9 August 10 Date signed Date signed	19. 4/13/48 ND MX + mommi	2615 To 1- City 4/12/48		



2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

· ·	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County 10alto	(For newborn infants giveresidence of mother)
20 /6 :000	State Ma. County Salto
City or fown. (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
Hospital, Horitation, or other address their country	Street No. 8215 Old Harrord NG
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Maria Alian A	Q 11 312 10 2101
UOFOINY A.	12011-11 912-18-2100
4. Sex 5. Color or race 8.(a) Single, married, ridowed, or divorced	MEDICAL CERTIFICATION
W Mahnied	4000 10 10 8.00
7, 77, 77, 14, 77, 200	2D, DATE DF DEATH APRIL 20 1946 al
6.(b) Name of husband or wife Morks V.	21. I CERTIFY that death occurred on the date above slated; that I attended deceased from
	January 1946, 10 april 20 1948
7. Birth date of	and that I last saw h. A. alive on Agril 20, 1948
deceased (mo., day, yr.)	
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
d 6 11hrsmin.	fulvaray wi 6/23.
9. Birthplace Salto	Due to.
(Town, county, and atate)	
10. Usual occupation	
A _ // a /aa /a	Due to
11. Industry or business	
12. Name Charles Comberland 13. 8irthplace  Balto	Other conditions
13. Sirthplace Balto	
C 13. Sittiplace	(Include pregnancy within 3 months of death)
14. Maiden name Mary Hutzler.  15. Birthplace Balto	Major findings of operations
Selto	
13. Biringiace	Date ot op.
16. Informant	Actupsy results
Address 8215 Old Hartord Rd	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address O & S O I W	22. VIOLENCE: it death was due to external causes, fill in the following:
17. Subtal Date thereot 0.3. 6	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?)  Date thereot. (month) (day) (rear)	
Cemetery or crematory	Where did injury occur?
Taylor Ave	Injured at home, farm, Industry, public place (where?)
18. Funeral director	Means of injury Injured at work?
THE POLICE	
Address 1110/3 Elar 114	23. SIGNATURE / tardela. Gratters
apr 22 10 12 71/1/20, 0	M. D. or other
(Date/rec'd by registrar)	Address 8100 ttasfal Nd - Date signed 4/21/42
(mayber a place lost at	AVVIESS. C.

RESERVED FOR BINDING MARGIN

A15

PLEASE

2411 N. Charles St., Baltimore

### 1860 CERTIFICATE OF DEATH

Reg. Diat. No....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County County	March 1 4sal	1
(If outside city or town limits, write RURAL and give hearest town)	1 : 13 - 14 :	M. J. M. M. J. C.
	City or town (If outside city or town limits, wate RURAL and giv	
How long in above place of death?		
nuspital, institution, or street address whole death occurred.	Street No. 405 6 ast Jappa	16000
	(If rural, give COCAT)ON	
How long in hospital or institution?	2.(a) if veteran, name war	***************************************
3. (a) FULL NAME	3. (b) Social Secu	rity Number
Anna Har	thel	
4. Sax   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	•
In all - It is a	7/ -/	10, 225
remore while wearved	2D. DATE DE DEATH # 19.5	18 st . S P.
6,(b) Name of husband or wife Offin Karthel	21. I CERTIFY that death occurred on the date above stated; that I attended	deceased from
	7 pr. 17 19 48 10 A pr	24 1948
7. Birth date of	and that I last saw h. Lizzalive on	
deceased (mo., day, yr.) 2001. 14-1860		
8. AGE: Years Months Days If less than one day	Immediate cause of death	DURATION
88 ( 3 10hrs. min	1-2/0-1-1-	3
10 plt 70 1	- La	f
9. Birthplace	Due to and and and and and and	
at le me	Jecal distant	
1D. Usual occupation.	Due to	***************************************
11. Industry or business		
12. Hame Septilless Stock	Diher conditions Fractises of Rt has	b I week
	biner conditions	for the first of the state of t
a 13. Birthplace / Xurmany	(Include pregnancy within 3 months of death)	
14. Maiden name Sallla		
of as Bulleton	Major findings of operations	
15. Biringlace	— Date of op	
16. Informant 1000. John That this	Autopsy results	
Address 405 1/E Johna Road	PHYSICIAN: Please underline the cause to which death should be cha	rged statistically.
AUGIESS 705 06. 200 11 2	22. VIOLENCE: tf death was due to external causes, fill in the following;	1
(Burlai, cremation, or removal, Which?)  (Burlai, cremation, or removal, Which?)  (month) (day) (year)	Accident, suicide, or homicide	4/17/48
71/10		ma
Cemetery or crematory	Where did injury occur?	(State)
Location Ballo:	Injured at home, farm, industry, public place (where?)	nl_
Land Out L	Maans of injury Fall injured at work?	
18. Funeral director School State of the Sta		•
Address 15305 Trouthing Kond	#	NT
1 de la constante de la consta	25 SIGNATURE NOV. A. Selfacek	D, or other
19 4/26 1948 Marinellan		1/1/1
(Date /ec/d by registrar) Registrar	Baldware Over Jace of Mich Bala ola	mod 4/24/4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

Evidence	for change	of age	MARYLAND STATE
FILM No.	shown on:		1948 CERTIFICA
1. PLACE OF D			
CountyBa		Howard	
City or town(1	f outside city or town	timits, write	RURAL and give nearest town)
Wets. Ad	or street address when hospital or institution?	e death occurre	d: Howard, Maryland
3. (a) FULL NA			***************************************
3. (a) FULL NA		KLIN H.	BECK
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced
Male	White	Div	orced
8. AGE: Ye	ars Months	Days 4	If less than one dayhrs.
	Maahad	n, county, and	state)
10. Usual occupation 11. Industry or busin		M-M TT A B	
	esley Beck Rome, N.Y		
	Myra Atk Oswego, N	ins	
16. Informant .Cl.:		ords, V ward, M	ets. Adm. Hosp.
	ion, or removal. Which	Date the	(month) (day) Ayear)
Cemetery or crem	Je den	L	Boar
18. Funeral directo	Jowany	11.10	Things I

(Datyfree'd by registrar)

ID STATE DEPARTMENT OF HEA	ALTH
2411 N. Charles St., Baltimore	940
RTIFICATE OF DEATH	

City or town ....

Hosp.

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) State Maryland County

2510 Yorkway

	3. (b) Social Security	Number
MEDICAL	ERTIFICATION	
20. DATE OF DEATH April 21,		
21. I CERTIFY that death occurred on the date at March 10.		
and that f tast saw h im alive on Apr	il 21,	1448
Immediate cause of deathMYOCARDI	LAL INFARCTION	DURATION
		Unknown
Due to Thrombosis left (	<b>Acumflex</b>	Unlenown
Coronary Artery		OTILITIO WILL
Due to		
Other conditions Cardiac Dilat	tation and	unknown
Diher conditions Cardiac Dilat Hypertrophy Coronary (Include pregnancy within	Arteriosclero	318
(Include pregnancy within	Arteriosclero	sis
(Include pregnancy within	Arteriosclere	sis
(Include pregnancy within Major findings of operations.  Antony results Substantiated	Arteriosclero	sis
(Include pregnancy within Major findings of operations.  Antopsy results. Substantiated PHYSICIAN: Please underline the cause to vice Violence: It death was due to external c	Date of op.  Above which desth should be charged auses, fill in the tollowing:	statistically.
(Include pregnancy within	Date of op.  Above which desth should be charged auses, fill in the tollowing:	statistically.
(Include pregnancy within a control of the control	Date of op.  Above which death should be charged auses, fill in the tollowing:  Date of	statistically.  (State)
(Include pregnancy within a control of the control	Date of op.  Above which desth should be charged auses, fill in the tollowing; Date of	statistically.  (State)
(Include pregnancy within a consecution of indings of operations.  Antopsy results Substantiated PHYStCIAN: Please underline the cause to the consecution of the cons	Date of op	statistically.
(Include pregnancy within a consecution of indings of operations.  Antopsy results Substantiated PHYStCIAN: Please underline the cause to the consecution of the cons	Date of op.  Above which desth should be charged auses, fill in the tollowing; Date of	statistically.

Dundalk
(If outside city or town limits, write RURAL and give nearest town)

2411 N. Charles St., Baltimore

03556

			4	(
D	Disa	B.I.	7	,

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
0 1	State Md. County Balto
(If outside city or town limits, write RURAL and give nearest town)	
low long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
fospital, institution, or street address where death occurred:	Street No. 915- Chesaco Ave
	(If rural, give LOCATION)
fow long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
G. H. Charles Beri	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Widower	20. DATE OF DEATH
6.(b) Name of husband or wife theresa H. Bert	21. I CERTOY that death occurred on the date above stated; that I affended deceased from  September 1947 to appear 194
7. Birth date of	and that I last saw has letter on
deceased (mo., day, yr.)  9 ACE - Years   Months   Days   If less than one day	Immediate cause of death Meenwollesting DURATION
o. AGE:	
69 2 28nin.	
9. Birthplace Balto. Co. Md	. Due to lacerroma y lancreas > 54
10. Usual occupation Stee I way Key	
	Due to
11. Industry or business Eastern 5.5.	
12. Name Cay/ H Bey T.	Dither conditions
13. Birthplace Germany	(Include pregnancy within 3 months of death)
# 14. Maiden name It a than sind M. States	Major findings ol operations.
14. Maiden name tatata	major industry of operations
Man A. Back	Autopsy results.
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 9/2 Chesaco Ave	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
	(ord or same)
Location Balts, Co. Md	Injured at home, farm, Industry, public place (where?)
18. Funeral director & Land Land Land	Means of injury Injured at work?
5. 21. D.1	1 - lock in m
Address 7901 Berlan 9805	23. SIGNATURE Tasephy. M. Dorother
19. Oktorec'd by registrar)  19. Fin S. Chronilly Registrar	1 1 9/1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

MARGIN RESERVED FOR BINDING

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WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

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WRITE

PLEASÉ

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03557

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
3. (a) FULL NAME GODE GENERAL BY Solar or race (8%a) Single, married, widowed, or divorced	3. (b) Social Security Number None
Female White Married  6.(b) Name of husband oxxxx Harry T. Bontz	20. DATE DF DEATH
7. Birth date of deceased (mo., day, yr.) December 23rd 1882	and that I last saw halive on
8. AGE: Years Months Days If less than one day  65 3 19hrsmin.	Coronary oscilet.
9. Birthplace Baltimore, Md. (Town, county, and state)  10. Usual occupation Housewife  11. Industry or business Home  12. Name Leroy Kidd	Due to
13. Birthplace  Baltimore, Md.  14. Malden name	(Include pregnancy within 3 months of death)  Major findings of operations
16. Informant Mr. Harry T. Bontz  Address 1020 Chesco Avenue.	PHYSICIAN: Please underline the cause to which death should he charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:
Date thereof April 16 1948 (month) (day) (year)  Cemelery or cranky St Mary's Hampdon  Location Baltimore Md.  18. Funeral director Wm. J. Tickner & Sons  Address North & Penna Aves.	Accident, suicide, or homicide

1. PLACE OF DEATH:

# NTF UNFADING INK. Supply every item of information carefully. The important. Physicians: please write the causes of death clearly and legible

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2. USUAL RESIDENCE (HOME) OF DECEASED:

03558

### CERTIFICATE OF DEATH

County Dallo	(For newborn infants give residence of mother)
City or town Barrison Fourt	State Mod! County Cleby
(If outside city or town limits, write RURAL and give nearest town)	Relt
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	2105 Bleme Land
	Street No
	2.(o) If veleran, name war
How long In hospital or Institution?	
3. (a) FULL NAME James Halter &	3. (b) Social Security Number
4. Sex   5. Color or face   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m. of married	1:011 NO 100 P
Mi It:	20. DATE OF DEATH 19.7 0 21 M
8. (b) Name of husband or wite Estella V. Hilliams	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) march 2 - 18 + 6	Immediate cause of death DURATION
8. AGE: Years   Months   Days   If less Ihan one day	
82 1 1 of	100 ldy (Verlusion -
Rolling Cos.	
9. Birthplace	Due to
hudner	
10. Usual occupation.	Due to
11. Industry or business	
= 12. Name John Soone	Other conditions
E 13. Birthplace /	(Include pregnancy within 3 months of death)
# 14. Maiden name. Certel Jacon	Major findings of operations
15. Birthplace Hampdon, Ind.	
1. 1.	Date of op
16. Informant Miss Costella Some	Antopsy results.
Address 360 5 Brems Lane	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B. 1020.112	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
maret and Impa	, 0, , 0
Gemetery or crematory	
Location Jaylor Core	Injured at home, farm, Industry, public place (where?)
The a Connelly	Msans of Injury Injured at work?
1B. Funeral director	Cha Barris Mis
Address 418 Carten in, Cong	( ) ( ) 5 000 1112
18 500 18 600	23 SIGNATURE M. D. Grotyler
19. Ohle rec'd by registrar) 18 48 flory 19. Registrar	Address Ductor - VV Date signed # 17/1/1/8
(Date rec u by registrar)	RUUI COOM AND TO A CONTRACT OF THE CONTRACT OF

APR 27 19481
BUREAU V. S.

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibles.

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MARGIN

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

0	3552	
Diat.	No. 38	

CERTIFICAT	E OF DEATH Reg. Diat. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Slate
THOMAS TK	
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE DF DEATH.
6.(c) Name of husband or wife	and that I last saw h. i. io alive on
8. AGE: Years Months Days It less than one day 57 6 15hrsmin.	Caroline Failure 2 monthe. Chaonic Inherentaries 2 yra
9. Birthplace (Town, county, and stay)  10. Usual occupation (Town, county, and stay)  11. Industry or business	Due to.
12. Name Crthur & Botts 13. Birthplace lky	Diher conditions
14. Malden name Lucy M. Sudduth  15. Birthplace Ky	Major findings of operations
Address Wood rook fine Cury, T	Autopsy results
(Burial, cremation, or removal, Which?)  Camalory or rematory  Camalory or rematory  Camalory or rematory	Accident, suicide, or homicide
Location	Injured at home, tarm, industry, public place (where?)
Address Belle The Hedrick	23. SIGNATURE William P. Garlick M. D. or other
(Date rec'li by registrar) Registrar	Address 2 West Kead Date signed Ophine: 4,1148

2411 N. Charles St., Baltimore /36

03560

### CERTIFICATE OF DEATH

Dist. No. 23

1. PLACE OF DEATH:  Court County of Lower County of County		Keg. Dist. No.	
State from General County (County)  Rev long in above place of dealth.  Respital control of dealth.  Respital control of dealth.  Respital control of dealth.  Respital control of the state of the st	1. PLACE OF DEATH: Rathman	(For newborn infants give residence of mother)	
City or form. If the content limits, write RURAL and give nearest town)  Rice long in above place of death.  AND CITY or form, or street address where death accurage.  AND CITY or form, or street address where death accurage.  AND CITY or form, or street address where death accurage.  AND CITY or form, or street address where death accurage.  AND CITY or form, or street address where death accurage.  AND CITY or form, or street address where death accurage.  AND CITY or form, or street address where death accurage.  And FULL NAME  3. (a) FULL NAME  3. (b) Social Social Social Name  4. Set  A. Set  5. Color of race  6. (c) Single, marries, widowall, or directed  5. Color of race  6. (c) If alter, give accurate the date above stated, that Latinaded deceased from  7. Birth date of deceased from a state of the state above stated, that Latinaded deceased from a state of the state of deceased from a state of the state above stated, that Latinaded deceased from a state of the state above stated, that Latinaded deceased from a state of the state above stated, that Latinaded deceased from a state of the state above stated, that Latinaded deceased from a state of the state above stated, that Latinaded deceased from a state of the state above stated, that Latinaded deceased from a state of the state above stated, that Latinaded deceased from a state of the state above stated, that Latinaded deceased from a state of the state above stated, that Latinaded deceased from a state of the state above stated, that Latinaded deceased from a state of the state above stated, that Latinaded deceased from a state of the state above stated, that Latinaded deceased from a state of the state above stated, that Latinaded deceased from a state of the state above stated, that Latinaded deceased from a state of the state above stated, that Latinaded deceased from a state of the state above stated, that Latinaded deceased from a state of the state above stated, that Latinaded deceased from a state of the state above stated, that Latinaded dec	County	State maryland County	
the wood in above place of death?  Hospital, institution, or treet address where death occurge:  Street No. 5.2 Color or core.  1. Street No.	(If outside city or town limits, write RURAL and give nearest town)	Bootim de	
Haspital, gettleties, or street address where death occurries.  A Classant Senatorium  How long in haspital or institution force June 3, 1946  3, (d) FULL NAME  Social Security Number  2, 6, (a) Single, married, widewed, or divorced  Date of June 1, 1948  3, (b) Social Security Number  2, 6, (c) Mame of haspital or institution or wide.  5, (c) If all or, give age.  6, (c) If all or, give age.  7, Birth date of decreased (min. day, 7;)  4, Birth date of decreased (min. day, 7;)  8, AGE: Tears Menola 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	How long in above place of death?	(If outside city or town limits, write RURAL and give near	rest town)
How long to hospital or institution former f	Mognital institution or street address where death occurred:	Street No 620 N. Euten Sheet	
3. (a) FULL NAME  Semmel Bozin  3. (b) Social Security Number  2 / 8 - 10 - 5936  Reset  5. Color of race  Surface  Surf	not I leasent Sanctorium		/
4. Set S. Color of race S. Color of race States Sta	How long to hospital or institution? Since June 5, 1946		
4. Sex Phale Solic prize Sight Solic prize	3. (a) FULL NAME		
Brithplace  Brithplace  Clerral Washe  Brithplace  Clerral Washe	Jamuel Gozin	2/8-10-	5936
6.(b) Hame of husband or wife  6.(c) Hame of husband or wife  7. Birth date of decased (mo. day, yr.)  7. Birth date of decased (mo. day, yr.)  8. AGE: Years Months Dest Heas have eday  9. Birthplace Baltimal Grown, country, and state)  9. Birthplace Clerical Working  10. Usual occupation Clerical Working  11. Industry are many properties and the properties of the prope	4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
5.(c) Name of husband or wife  5.(c) If alive, give age  7. Birth date of decasted (m., day, yr.)  8. AGE: Years  8. AGE: Years  9. Birthplace  9. Birthplace  10. Usual occupation  11. Industry or business  12. Name.  13. Birthplace  14. Maiden name.  15. Birthplace  15. Birthplace  16. Informant  17. Dirth date of (Town, country, and state)  18. Birthplace  19. Usual occupation  19. Birthplace  19. Birthplace  19. Usual occupation  19. Birthplace  19. Birth	male white single	20. DATE OF DEATH Opice 22, 1948	al 8 50
6. (c) Halve of husband or wife  6. (c) Halve, give age  7. Birth date of deceased (m., day, yr.)  8. AGE: Years Months Day:  9. Birthplace Boltmose  10. Usual occupation  11. Industry or business  12. Hame. Jamell Jayrum  13. Birthplace  14. Maiden name. Jamell  15. Birthplace  16. Informant  17. Birthplace  18. Informant  18. Informant  19. Date of op.  11. Industry or business  12. Birthplace  13. Birthplace  14. Maiden name. Jamell  15. Birthplace  16. Informant  17. Dayrum  18. Informant  19. Date of op.			sed from
18. Birth date of deceased (mo., day, yr.) Sebruary 28, 19/6  8. AGE: Years Months Diff: 11 less than one day hrs. min.  9. Birthplace Boltmale And (Town, country, and state)  10. Usual occupation. Clerusal Works  11. Industry or business  12. Name Jamuel Boym.  14. Maiden name. Jamuel Boym.  15. Birthplace Cursua  16. Informant Morris Boym. (Brother)  17. (Usurial, greemation, or removal Minich)  18. Funeral director Alex Address A GO Salaw Place A Go	6.(b) Name of husband or wife		1948
deceased (mo., day, yr.)	1 *************************************		19 40
8. AGE: Years Months 12 4 hrs. min  9. Birthplace Boltmose Ted (Town. country and state)  10. Usual occupation. Clerical Worker  11. Industry or business  12. Name James James  13. Birthplace Quissa  14. Majden name Sadie  15. Birthplace Quissa  16. Informant Moris Boyne (Brodie)  Address 620 N. Cutaw St. Bultmosely  17. (Iburial, cremation, or removal Quillets)  18. Turned Date of a graphory (month) (day) (year)  19. Cemetery or spaglory (City or town)  10. Usual occupations.  10. Usual occupations.  11. Industry or business  12. VIOLENCE: If death was due to external causes, fill in the following:  12. VIOLENCE: If death was due to external causes, fill in the following:  13. Funeral director, and a graphory (City or town) (County) (State)  14. Injured at home. farm, industry, public place (where?)  15. Funeral director, and a graphory (City or town) (County) (State)  16. Injured at home. farm, industry, public place (where?)  17. Injured at work?  18. Funeral director, and a graphory (City or town) (County)  18. Funeral director, and a graphory (City or town) (County)  19. Or other, and the graphory (City or town) (County)  19. Or other, and the graphory (City or town) (County)  19. Or other, and the graphory (City or town) (County)  19. Or other, and the graphory (City or town) (County)  19. Or other, and the graphory (City or town) (County)  19. Or other, and the graphory (City or town) (County)  19. Or other, and the graphory (City or town) (County)  19. Or other, and the graphory (City or town) (County)  19. Or other, and the graphory (City or town) (County)  19. Or other, and the graphory (City or town) (County)  19. Or other, and the graphory (City or town) (County)  19. Or other, and the graphory (City or town) (County)  19. Or other, and the graphory (City or town) (County)  19. Or other, and the graphory (City or town) (County)			DURATION
9. Birthplace Bollimal (Town, county, and state) 10. Usual occupation Clerical works 11. Industry or business 12. Name Jamuel Boyne 13. Birthplace Cursua 14. Maiden name Sadie 15. Birthplace Cursua 16. Informant Norma Boyne Bollimal But thereof. Township (days) (year) 18. Informant Norma Boyne Bollimal (Hurial, cremation, or removal philips) 19. Usual occupations 19. Usua	8 AGE: Years   Months   Days   It less than one day		5011111511
9. Birthplace Baltomal Tod.  10. Usual occupation Clerical Warker  11. Industry or business  12. Name James Parameter Sogne Dither conditions  13. Birthplace Clerical Parameter Sogne (Include pregnancy within 3 months of death)  14. Maiden name Sogne Britishplace Clerical Physicians of operations Date of op.  15. Birthplace Clerical Physicians of operations Date of op.  16. Informant Mooria Bogne (Brother)  17. Device Physicians Physicians Physicians of operations Date of op.  18. Informant Mooria Bogne (Brother)  19. Vollence: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of  10. Usual Occupation Date of  11. Industry or business  12. Vollence: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of  10. Usual Occupation Date of  11. Industry or business  12. Vollence: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of  13. Funeral director Physical Research Country (City or town) (Country) (State)  14. Injured at home farm, industry, public place (where?)  15. Funeral director Physical Research Physic	7 . 1 14		***************************************
10. Usual occupation. Clerical Workin  11. Industry or business  12. Hame. Jamuel 309111.  13. Birthplace Quasica  14. Maiden name. Sague  15. Birthplace  15. Birthplace  16. Informant. Morris Bogne Bullians  17. Later St. Bullians  18. Informant. Morris Bogne Bullians  19. Usual occupations. Date thereof. Later St. Bullians  19. Usual occupations. Date thereof. Later St. Bullians  10. Usual occupations. Date thereof. Later St. Bullians  11. Later St. Bullians  12. Violence: If death was due to external causes, fill in the following:  18. Funeral director. Later St. Survey St.		B. C. D. Marelona	2 40000
10. Usual occupation. Clerus Works  11. Industry or business  12. Name. January  13. Birthplace Quisia  14. Maiden name. Jasue  15. Birthplace Quisia  16. Informant. Inorus Bogn. (Brother)  Address 620 Y. Cutaw St. Bultimaskey  17. Usural, cremation, or removal Which? (month) (day) (year)  18. Funeral director. Date of Address 2, 500 Bultimaskey  19. Lucation Lagrange (City or town) (County)  19. Funeral director. Address 2, 500 Bultimaskey  Addr	Q Rightniago	Due to	- July
11. Industry or business    12. Name			6 4000
12. Name Jennuel Boyne  13. Birthplace  14. Maiden name Jodie  15. Birthplace  16. Informant Morris Boyne Brother  Address 6 20 N. Cultar St. Billionaling  17. Birthplace  18. Fueral director Bereit Personal Contest  Address A 50 Bullion St.  Address A 50 Bullion St.  Address A 50 Bullion St.  Antepsy results  PHYSICIAN: Please underline the came to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide.  Date of  Where did injury occur? (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Manns of Injury  Address A 50 Bullion Report  Manns of Injury  Manns of	1D. Usual occupation	Due to Distelles mellins	July
14. Maiden name. Sastie  15. Birthplace  16. Informant. Inorus Boyn. (Bestu)  Address 620 Y. Cutaw St. Bulliwasky  (Buriul, cremation, or removal Orbitch?)  Cemetery or compatory  Location Phelas Ad Pannellow (Location Phelas Address Also Sastaw Place (Phelas Address Place (P	11. Industry or business		
14. Maiden name. Sastie  15. Birthplace  16. Informant. Inorus Boyn. (Bestu)  Address 620 Y. Cutaw St. Bulliwasky  (Buriul, cremation, or removal Orbitch?)  Cemetery or compatory  Location Phelas Ad Pannellow (Location Phelas Address Also Sastaw Place (Phelas Address Place (P	12 Name Samuel Boym	Dther conditions	
14. Maiden name. Sastie  15. Birthplace  16. Informant. Inorus Boyn. (Bestu)  Address 620 Y. Cutaw St. Bulliwasky  (Buriul, cremation, or removal Orbitch?)  Cemetery or compatory  Location Phelas Ad Pannellow (Location Phelas Address Also Sastaw Place (Phelas Address Place (P	13 Rirtholace Quesia		
Address 620 N. Cutaw St. Bultimasky  Address 620 N. Cutaw St. Bultimasky  PHYStCIAN: Ptease underline the cause to which death should be charged statistically.  22. VtoLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide		(Include pregnancy within 3 months of death)	
Address 620 N. Cutaw St. Bultimasky  Address 620 N. Cutaw St. Bultimasky  PHYStCIAN: Ptease underline the cause to which death should be charged statistically.  22. VtoLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide	14. Maiden name	Major findings of operations.	
Address 6 2 0 M. Cutsw St. Bultimasky  Address 6 2 0 M. Cutsw St. Bultimasky  17. Device 1 Date thereot 4 - 23 - 48 (Burial, cremation, or removal Which?)  Cemetery or competory 100 accords (month) (day) (year)  Location 1 Location	\$ 15. Birthplace Clussia	Date of op.	
Address 2 0 7. Cultan 31. Million 32. VIOLENCE: If death was due to external causes, fill in the following:  17. Cemetery or empaiory  Cometery or empaiory  Location  Location  Address 2 0 6 cultan 8 curis  Address 2 0 6 cultan 8 curis  Address 2 0 6 cultan 8 curis  Mans of Injury  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide	morris Com (Beother)	Antopsy results	
22. VtoLENCE: If death was due to external causes, fill in the following:  17. (Burial, cremation, or removal@hich?)  Cemetery a compatory  Location  Location  Location  Address 2 60 Entlow  Read  Read  22. VtoLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide	120 N Plan St Bellingeled	PHYStCIAN: Ptease underline the cause to which death should be charged	statistically.
(Burial, cremation, or removal@hich?)  Cemetery of competery (County)  Location The Roll Familiation (County)  Location The Roll Familiation (County)  Injured at home. farm, industry, public place (where?)  Means of Injury  Injured at work?  Address 2 60 Entlow Place  Address 2 50 Entlow Place  M. D. or other,	Address 0 20 11 Careau St. Jacks 14	22. VtOLENCE: If death was due to external causes, fill in the following:	
Cemetery or compions  Cemetery or compions  County  Injured at home. farm, industry, public place (where?)  Means of Injury  Address 2, 50 6 totaw  County  County  County  County  Injured at work?  Address 2, 50 6 totaw  County  County  County  County  County  Injured at work?  Address 2, 50 6 totaw  County  County  County  County  County  County  Injured at work?  Address 2, 50 6 totaw  County  Injured at work?		Accident, suicide, or homicide	
Location Thele Rd Manuellow (LoC Injured at home. farm, industry, public place (where?)  18. Funeral director, Lack Lewis Mess of Injury Injured at work?  Address 2, 60 Entow Place  23. SIGNATURE 6. Problem M. D. or other,			(7) 4
18. Funeral director talk Lewis Mc  Address 2100 Extans Place  23. SIGNATURE  M. D. or other,	Cemetery or semetory		(State)
18. Funeral director fall few flace  Address 2100 Entow Place  23. SIGNATURE 6. Problem M. D. or other,	Location Thele Rd Manuellow Close		
M. D. or othery	Look Leves me.	Means of Injury Injured at work?	
M. D. or othery	18. Funeral director	1 2 10 4.0	
M. D. or other	Address d 60 buttow filale	C es Ciona ille	
19. (Date receipt by registrar) Date signed Date signed	V/23 VS HWITEdrak	M. D.	1/2 2 /1
	19. (Dat recol by registrar) Registrar	Address Commission May Date signed.	7/- 120

WITH UNFADING INK. Supply every item of information careful important. Physicians: please write the causes of death clearly an

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BINDING

FOR

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MARGIN

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THE STATE OF THE S	2 USHAL DESIDENCE (LIOME) OF DECEASED.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Baltimore	State maryland County Baltimore
City or town. (If outside city or town limits, write RURAL and give nearest town)	" Chase - Mad
How long In above place of death? 1 y 2 mo. 28 ds.	City or town
Hospital Institution or street address where death occurred:	Street No.
Baltimore County Home	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
George Denne Par	
A Sex   5. Color or race   6.(a) Single, married, widowed or divorced	MEDICAL CERTIFICATION
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male col Single	20, DATE OF DEATH Luck afer 29 19.48 21
	21. I CERTIFY that death occurred on the date above stated; that I attended degeased from
6.(b) Name of husband or wite	1/29 1947 10 4/29
7. Birth date of deceased (mo., day, yr.) 72 cm, 27 - 1882	
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death.
46 5 3hrs.	nio
9. Birthplace Suysan Brook Md	Due to Mrsub Hillerales
(Town, county, and atate)	19-4
10. Usual occupation	Due fo.
11. Industry or business	4
# 12. Name James Brosson	Diher conditions arterio oclisores _
3. Birthplace maryland	(Include pregnancy within 3 months of death)
# 14. Maiden name.	Major fiodiogs of operations
14. Maiden name	Date of op.
2 1 1 1/1	
16. Interment Mr Charles (Thorsan	Autopsy results
Address Chase, maryland.	22. VIOLENCE: It death was due to external causes, till in the following;
12 16 2 40	
12 1 15 2 40	Accident, suicide, or homicide
17. B	Accident, suicide, or homicide
17. B. M. Date thereof 2 49.  (Burial, cremation, or removal, Which?)  Cemetery or crematory Monthly Pleasant	Accident, suicide, or homicide
17. B	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?)  Cemetery or crematory	Accident, suicide, or homicide

MARGIN RESERVED FOR BINDING



· CERTIFICA	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	County Patterns County Pattern
How tong in hospitat or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Herbert Maxwell Brune	3. (b) Social Security Numb
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m. w. married	20. DATE DE DEATH
6.(b) Name of husband or wife Ann Supple Marrison  7. Birth date of OCT 14, /866  deceased (mo., day, yr.)	ars and that I last saw h
8. AGE: Years Months Days It less than one day  8. AGE: Tears Months Days It less than one day  8. AGE: Tears Months Days It less than one day	in. Carlioraspiratory failhre
9. Birthpiace (Town, county, and state)	Due to Cerebral vascular accident
10. Usual occupation	Due to Arypeylenson Carlo Valley
12. Name 7 raderick Brune.  13. Birthplace Transland	Dther conditions
= 13. Birthplace maryland = 14. Maiden name Emily Barton	(Include pregnancy within 3 months of death)
15. Birthplace Viginia	Major findings of operations.  Date of op.
16. Informant mes. Herbert M. Brune	Autopsy results
Address Forlagh  11. Burial Date thereof Apr 15 94  (Burial, cremation, or removal. Which?)	22. VIOLENCE: tf death was due to external causes, fill in the following;  Accident, suicide, or homicide
Cemetery or crematory Lelen Month	Where did injury occur?
Location Backo My	Injured at home, tarm, Industry, public place (where?)  Means of injury tojured at work?
Address McCully La Orenard St	Fr. O. W. Rouge m.D.
19. 4/1X 19. XS AW Hedrich (Date ref'd by registrar)  (Date ref'd by registrar)	R. Ke .: 11. 8 1 0 13

2411 N. Charles St., Baltimore

03562

### CERTIFICATE OF DEATH

	Reg. Dist. No.	444444444444444444444444444444444444444		
1. PLACE OF DEATH: Baltimal	2. USUAI, RESIDENCE (HOME) OF DECEASED:  (For newhorn infants give residence uf mother)  State  County			
City or town (If outside city or town limits, write RURAL and give nearest town)	Rollingo			
How long in above place of death?	Street No. / 8. 6 / A. Collention Ove			
How long in hospital or institution? Some august 25, 194?	2.(a) If veteran, name war.	<i>V</i>		
3. (a) FULL NAME Grelom C. Bryon	3. (b) Social Security N	lumber		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced France	MEDICAL CERTIFICATION	7/9		
7	2D. DATE DF DEATH. 19.4.5.  21. I CERTIFY that dealn occurred on the date above stated; that I attended decea	sed from		
6.(6) Name of husband or wife	and that last saw h 1 alive on agent 20	1988		
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day	Immediate cause of death.  Thyographical Juline	OURATION		
9. Birthplace Bactange Thanks min.  (Town, count, and state)	Due to Sulmorary Internoons	10 mont		
10. Usual occupation. Ineter Geoder	Due to	***************************************		
11. Industry or business  12. Name Sulton Bryan  13. Birthplace U.S.A.	Other conditions			
01	(Include pregnancy within 3 months of death)			
14. Malden name) Hallie (Senton) 15. Birtholace U.S.A.	Major findings of operations			
16. Interment alade Dormey	Autopsy result Dulmonary Julesculous Jack. PHYSICIAN: Please underline the cause to which death should be charged a	ohranced,		
Address / 8 6 / N. Collington Wel.  Buril Bate thered Apr. 23/48	22. VIOLENCE: If death was due to external causes, fill in the following:			
(Burial, cremation, or removal. W)ch?)  Cemetery or crematory  Date thereof  Date thereof  Imonth) (day) (year)	Accident, suicide, or homicide	(State)		
Location Bulania	Injured at home, farm, industry, public place (where?)	*******		
18. Funeral director Mulyo Moured Association	Means of Injury Injured at work?			
Mes. 121 US Or 20 Idebrock	23. SIGNATURE 6 . C MAINER M. D. O	or other		
19	Address Claustillatown Date signed	7/ 20/ 7		

ADING INK. Supply every item of information carefull Physicians: please write the causes of death clearly and

PLEASE

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BINDING

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### MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 13

### CERTIFICATE OF DEATH

CERTIFICAT	Reg. Dist. No	20
1. PLACE OF DEATH:  County Baltimore  City or town. (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 32 years, 10 months, 29 days.  Hospital, institution, or street address where death occurred:  Spring Grove State Hospital  How long in hospital or institution? 32 years, 10 months, 29 days.  3. (a) FULL NAME  Stephen Burrough 4	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State	esrest town)
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male white EDELEY married		.7.16
6,(b) Name of husband or wite	20. DATE DF DEATH. April 20 19 48  21. I CERTIFY that death occurred on the date above stated; that I attended de May 22 1915, to April 20 and that I last saw h im alive on April 20	ceased from 201948
7. Birth date of deceased (mo., day, yr.) June 13th 1881	Immediate cause of death	
8. AGE: Years Months Days It less than one day	Acute pericarditis	
9. Birthplace. Clark (Town/county, and atata)  10. Usual occupation. Black smuth helper	Due to Chronic valvular heart disease	indefinite
11. Industry or business B 10 Road Road	Due to Interstitial nephritis	
12. Name Mefander Burroughs 13. Birthplace Ohio	Other conditions.	
14. Maiden name. Elizabeth Schaeffer  15. Birthpiace Ohio	(Include pregnancy within 3 months of death)  Major findings of operations.	
\$ 15. Birthplace Ohio	Date of op.	
16. Informant Hospital records	Antopsy results	
Address Catonsville-28, Maryland  17. Burial (Burial, cremation, or removal, Whice)  Cemetery or crematory Mt livet bless  Cemetery or crematory Mt	PHYSICIAN: Please underline the cause to which death should be charge  22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, auicide, or homicide	
Complex 2930 Brederich and	(City or town) (County)	
18 Funeral director All has bowan 4 Son	Means of Injury Injured at work?	
Address 9 2/1-03 Address St.	Gadae tunt	
Merit 22 de 12 m Halle	23. SIGNATUREIsadore Tuerk, M.D.	, or other
19. (Date rec'd by registrar) Registrar	Address Cat oneville-28, Md. Date signed	4-21-48

FOR BINDING MARGIN RESERVED PLEASE WRITE PL.

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PLEASE WRITE PLAINL

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

13116

03565

### CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
County Baltimore						
City or town Fort Howard (If outside city or town limits, write RURAL and give nearest town)		State Maryland County				
			and give hearest town)	City or town Baltimore (If outside city or town limits, write RURAL)		
Hospital, Institution,	or street address where	death occurre	ed;			
			Howard, Maryland	Street No. 1831 Orleans Street.	***************************************	
New long in beeniled	ar lastitution2 5 D	teve		2.(a) If veteran, name war	,	
3. (a) FULL NA		3.0	***************************************			
3. (a) FULL NA	ME	^		3. (b) Socia	1 Security Number	
		RAY CH		Unknow	m	
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL CERTIFICAT		
Male	Colored	M	arried	4	10 000	
				20. DATE OF DEATH. April 12,		
6.(b) Name of hyspay	dor wife France	ces Ch	ambers	21. I CERTIFY that death occurred on the date above stated; thal I a		
		6.0	(c) It alive, give age46years	April 7, 1948 to Apr		
7. Birth date of deceased (mo., day	y, yr.) 8-29-1	000		and that I last saw h imalive on April 12.	19.48	
8. AGE: Yes		Days	It less than one day	Immediate cause of death	DURATION	
				Cardiac Dilatation and hyper	trophy Unknown	
	47 7	23	hrs. min.			
9. Birthplace	Pennsylvani	2	state)	Due to Chronic Nephritis	Unknown	
10. Usual occupation	Laborer	************		Due to	***************************************	
11. Industry or busin	ess			00e tu		
	nknown			Other conditions None	***************************************	
12. NameUl		*****************		Dther conditions	***************************************	
	10			(Include pregnancy within 3 months of desth)		
14. Maiden nam 15. Birthpiace	e			Major findings of operations.		
15. Birthpiace	*			major nudisgs of operations.		
	linical Reco	ande. I	Vets. Adm. Hosp.	Autopsy results Substantiated above		
16. Informant	ort Howard,	Marerl	and	PHYSICIAN: Plesse underline the cause to which death should		
Address	or o rayment up	mor y Te	ALIIU.			
17 Burial	on, or removal, Which?)	Date ther	eof // (month) (day) (year)	22. VIOLENCE: If death was due to external causes, till in the tollo		
				Accident, suicide, or homicide		
			al Cemetery	Where did Injury occur?	(State)	
Lagation	Hampton,	Virgi	nia	Injured at home, farm, industry, public place (where?)		
				Masns of Injury Injured at		
1B. Funeral director.			<u></u>	maana ut injury Injured at	WUINT	
Address	802 Madiso	n Ave,	, Balto, Md.	110 1000		
V	13 15	Y	10 Hedrick	23. SIGNATURE MANAUGH, M.D. Chief	Don facot	
19.	registrar)		) Registrar	WAU FT Howard Md	rroressional	
(Date rec.d by i	registrar)			Address VAH, Ft. Howard, Md. D	ate signed at a Limbour	

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03566

### CERTIFICATE OF DEATH

CERTIFICA	Reg. Dist.	No7
1. PLACE OP/DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County Pallo . D	(For newborn infants give residence of mother)	1 A
mille King his	State County County	
(If outside city or town imits, write RURAL and give nearest town)	Meltinge	Co.
w long in above place of death?	(If outside city or town limits, write RURAL and	give nearest town)
ospital institution, or street advices where deal populared:	11- 12-1	Re
I Marting Pout,	Street No. (If rural give LOOKTION)	
	Mend of man	. /
w long in hospital or institution Classes. Polyg therpost	2.(a) If veteran, name war	·
S. (a) FULL NAME	3. (b) Social Se	
Robert Ernest	6 Kapin. 273-0.	57.645
Sex   5. Color or race   8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	N
1 1 1 1 1 1 1 - 1	MEDICAL CERTIFICATIO	
male mill. Marner	2D. DATE OF DEATH COMMUNICATION 18	40 11 4
marilla (Pooledes)	21. I CERTIFY that death occurred on the date above stated; that I attend	ACTION AND ADDRESS OF THE PARTY
(b) Name of husband or wife	···	
8.(c) If alive, give age yea		
1. Birth date of ACC OLLEOF	and that I last saw halive on	19
deceased (mo., day, yr.)	Immedia cause of death	BURATIO
B. AGE: Years Months Days If less than one day		NS
52 4 6mi	1. Coranara occidar	M &
761 100:		4
9. Birthplace Allan Office county and tatel	Due 10	
State		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
O. Usual occupation.	Due 10	
11. Industry or business Markens and Rank		
x ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (		•
12. Name	Dther conditions	
≤ 13. Birthplace Chilo	(Include pregnancy within 3 months of death)	
14. Maiden name Sola sow ford  15. 8irthplace Ohio		10
	Major fiediors of operations	
≥ 15. 8irthplace	Date of o	g
16 Informant me m illa Chapes -	Agtopsy resolts	
	PHYSICIAN: Please underline the cause to which death should be	charged statistically.
Address 162 I dlarford 1cd. M. Kim-	22. VIOLENCE: If death was due to external causes, fill in the following	
Barriel Boson april 19-48		
(Burial, cremation, or removal, Which?)  Date thereof Anil 19 - 48 (month) (day) (year)	Accident and accident and accident and accident and accident and accident a	of
Cemetery of crematory Baltimore national	Where did Injury occur?	(State)
cemetery of crematory		
Location Judenick World	Injured at home farm, industry, public place (where?)	
Il & formelle	Means of Injury / Injured at wo	ork?
18. Funeral director. 10.120	" Ma	1 1
Address 418 Castein are. Com	XImbon	0 82.
2 10 11 11	23. SIG (47) RE	M. Porother
19 4/16/ 1948 Am J. Connelly	Lepying melicy	game
(Date rec'd by registrar) Registr	Ar Addres Addres Addres	7181 14/25

2411 N. Charles St., Baltimore

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19 48 at 9 217 P M

### CERTIFICATE OF DEATH

Reg. Diat. No. 44

				CERTIFICAT
1. PLACE OF D	EATH:	•		
County Balti				***************************************
How long in above pla Hospital, institution, Vets. Ad	ce of dea or street m. E	address where lospita	days death occurred  Ft.	Howard, Maryland
How long In hospital	or instit	ution?7.1.	days	***************************************
3. (a) FULL NAI	ME			
	AU	GUST P	CLAUS	S
4. Sex	5. C	olor or race	6.(a)Singi	e, married, widowed, or divorced
Male	W	Thite	M	arried
6.(ò) Name of husbar	ad an urb	Mr	s. Cath	erine Clauss
7. Birth date of deceased (mo., day	*********	12-8-9		e) It alive, give ageyears
8. AGE: Yes	ars	Months	Days	It less than one day
5	1	4	20	hrsmin.
9. Birthplace	Une ess Wi	mployed	, eounty; and s	
14. Maiden nam	16	rbara I	Blackst	one
			rds, V Maryla	etsAdmHosp nd
17 Buria (Burial, cremati			Date then n Hav	eot May 1, 1948 (month) (day) (year) en
Location		G]	Len Bu	rnie, Md.
1B. Funeral director	T	homas	W. Si	ngleton
Address	G	len Bu	rnie,	Md.
19. M Cy (Date recolory	Z registra	1941.8	Waw	eau L. Farker

l	Z. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State Maryland County Anne Arundel
	City or town Glen Burnie (If outside city or town limits, write RURAL and give nearest town)
	Street No. Box 104 (Crain Highway N.E. (Ifrural, give LOCATION)
l	2.(a) It veteran, name war
	3. (b) Social Security Number
	218 14 7685

February 17	19 48 10	April	28 19 48
and that I last saw h. imalive on			19.48
Immediate cause of death	r		1-1/2 Yrs
Cause Unknown			plus

MEDICAL CERTIFICATION

21. I CERTIFY that death accurred on the date above stated: that t attended deceased from

20, DATE OF DEATH April 28

Due to...

Diher conditions Anasarca, pulmonary edema 1-1/2
& atalectasis due to above. Mos. plus
Sub-acute Nephritis, medisée unknown 10 days

Autopsy results....Substantiated above.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

Means of injury Injured at work?

23. SIGNATURE H.C. MANAUGH, M.D. Chief Professional Ser.

9-45-15M

ARGIN RESERVED FOR BINDING



County Baltimere

# The correct age

ly every item of information carefully. The x write the causes of death clearly and legibly. ADING INK. Supply Physicians: please wr important. PLAINLY, vis especially WRITE PLEASE

18. Funeral director.

Opril (Datyfree'd by registrar)

Address

Burial (Burlal, cremation, or removal, Which?) Cemetery or crematory Woodlawn,

MARGIN RESERVED FOR BINDING

9.4

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SN

1. PLACE OF DEATH Baltimere			2. USUAL RESIDENCE (HOME (For newborn infants give residence			
was fload			State Md.	County Balti		
City or town			City or town			
Hospital, Institution.	How long in above place of death?			(If outside city or towe limits, write RURA		
				(Ifrural,	give LOCATION)	
How long in hospital	or Institution?			2.(a) If veteran, name war	***************************************	
3. (a) FULL NAI	ME Augusta	C•11	ins		3. (b) Socia	
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL	CERTIFICAT	
Female	White		dew	20. DATE OF DEATH April 16/4	48.	
7 Pinth data of			W. Collins  O It alive, give ageyear  2	and that I last saw h	19 67 10 G	
8. AGE: Yes 76		Days 13	It less than one day	Immediate caose of death.	aplayed	
	Baltimer H. W. (Town.c	ounty, and a	tate)			
11. Industry or busin	ess	There		_		
12. Name			ner	Other conditions		
			mewn			
14 Maiden nam	e		mown	(Include pregnancy within		
14. Maiden nam	Ç	Unk	mown	Major findings of operations		
	s. Derethy	Friz	zell	Actorsy results.		
			Woodlawn, Md.	PHYSICIAN: Please underline the cause to		

Date thereof April 19/48.

(month) (day) (year)

Negistrar Registrar

Md.

Edmondson

City or town Woodlawn	
(If outside city or towo limits, writed to the city of	e RURAL and give nearest town)
Street No. (If rural, give LOCA	***************************************
2.(a) If veteran, name war	
3.	(b) Social Security Number
	(0) 500000 500000 500000
MEDICAL CERT	IFICATION
20. OATE OF OEATH April 16/48.	19 3. 40Pm
21. I CERTUFY that death occurred on the date above sta	ted: that I atlended deceased from
and that I last saw h. (2) allve on Office	, to of 1948
and that I last saw h. 181 alive on	19.48
Immediate cause of death Lene Lyer Over	OURATION
Denorages	ared - wyso
polerius	
Oue to'	
Oue to	
Other conditions	
(Include pregnancy within 3 month	s of death)
Major findings of operations	Date of op.
Aotopsy results	
PHYSICIAN: Please underline the cause to which d	eath should he charged statistically.
22. VIOLENCE: If death was due to external causes, f	II In the following;
Accident, suicide, or homicide	Date of
Where did injury occur?(City or town)	(Couety)° (State)
Injured at home, farm, Industry, public place (where?)	
Moans of Injury	Injured at work?
Dull ()	2 - 2 1
23. SIGNATURE	No Kings
2818 91 (Taul	M. D. or other

2411 N. Charles St., Battimore

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### CERTIFICATE OF DEATH

	§3569
Reg. Dist. No	*******************

1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)			
City or town. (If outside city of town limits, write RURAL and give nearest town)	State Maryland County Baltimore			
How long in above place of death? 3 years 6mo.s 6 days.	City or town Bonry Blink (If outside city or town limits, write RURAL and give nea	rest town)		
Hospital, institution, or street address where death occurred:	Street No. Masonic Home			
Spring Grove State Hospital	(If rural, give LOCATION)			
How long in hospital or institution? 3years, 6months, 6days	3. (b) Social Security			
3. (a) FULL NAME Emily B. Conser	3. (0) Social Security	Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
Female White Widowed	20. DATE OF DEATHApril 9, 1948	.B:45 A		
6,(b) Name of husband or wife Charles C. Conser, M. D. deceased 6,(c) If alive, give age years	2t. I CERTIFY that death occurred on the date above stated: that I attended dece- coctober 3 1944 is it is it is it. April 9, and that I last saw h. er. alive on	1948		
7. Birth date of deceased (mo., day, yr.) J.1y 15, 1877	Immediate vause of death. Pulmonary oedena.			
8. AGE: Years Months Days If less than one day	Immediate view of overest	1 hour		
9. Birthplace Baltimore Maryland (Town, county, and state)	Due to Subdural hemorrhage	1 hour		
(Town, county, and state)  1D. Usual occupation				
	Due to	Indef.		
tt. Industry or business Home	Generalized ateriosclerosis  Other conditions Arteriosclerotic Heart Dis.			
E 12. Name Reverend G. G. Baker		99		
Z 13. Birthplace Cynthia 2017 75 WILL SV Vermont	Cerebral arteriosclerosis (Include pregnancy within 3 months of death)			
14. Maiden nameCynthia M. Stanley	Major findings of operations.			
15. Birthplace New Hampshire	Date of op			
16. informant Hospital Records	Autopsy results. AS. Above	statistically.		
Address Catonsville, 28, Md.	22. VIOLENCE: If death was due to external causes, fill in the following;			
(Burial, cremation, or removal. Which?)  Date thereof. (month) (day) (year)	Accident, suicide, or homicide			
Cemetery or crematory Found on Park	Where did injury occur?	(State)		
Tood is at Right	Injured at home tarm, Industry, public place (where?)			
Time land don	Means of Injury Injured at work?			
Address 12/1 St Paul Street	House CAMENS	MA		
191 1111	Henry C. A. Mead, M. D. M. B. Address Catonsville, 28 Md. Date signed	or other		
19. 4-16 19.48 2 11. W. Februe	Address Catonsville 28 Md. Date signed	19/18		

2411 N. Charles St., Baltimore

8300

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newhorn infants give residence of mother)

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### CERTIFICATE OF DEATH

County	eysrille	- Jud	RIIRAL and give nearest to	wn)
How long in above place of	of death?	e death occurre	ds	
How long in hospital or				
3. (a) FULL NAME  Miss. 4. Sex		. 13	utie Corps	4
Temale				d
			Corpreur	
6.(b) Name of husband o	or wite	6.0	c) If alive, give age	
7. Birth date of deceased (mo., day, yr 8. AGE: Years	July	201	1873	
			If less than one day	
7 4 9. Birthpiace Ba	3	17	hrs.	
1D. Usual occupation	(Towl	n, county, and	state)	
1D. Usual occupation	House			
1D. Usual occupation  11. Industry or business    12. Name	Morre mes Lo Bultun	hund	Brooks	
1D. Usual occupation  11. Industry or business  HE 12. Name  13. Birthplace  HI 14. Maiden name  W 15. Birthplace	Moure Bultin Bultin	hund sogn sogn	Brooks Md ires Ind	
1D. Usual occupation  11. Industry or business  HEAT 12. Name  13. Birthplace  HEAT 14. Maiden name  15. Birthplace  16. Intormant	Moure Bultin Bulter Bulter was M	sone Seh	Brooks Md ines md	2
1D. Usual occupation  11. Industry or business  HE 12. Name	Bultin Bultin Bultin Wan In sories or removal. Which	Lucard Lore Some, Blome,	Modern Superille Cochesporile (month) (day) (y	11
1D. Usual occupation  11. Industry or business  21. Name  12. Name  13. Birthplace  14. Maiden name  15. Birthplace  16. Intermant  (Burial, cremation, Cemetery or cremator	Bultin Bultin Bultin Wan In sories or removal. Which	Lucard Lore Lore Sch Home, Date the	Malisco Ind Cochumille (month) (day) (y	11
1D. Usual occupation  11. Industry or business  82 12. Name  13. Birthplace  14. Maiden name  15. Birthplace  16. Intormant  Address  17  (Burial, cremation, Cemetery or cremator Location  18. Funeral director	Baltin Balter Balter Was My Sorrie & L V Loud Millings	Jehne, Bate the  Lack  Coole	Modern Superior Super	11
1D. Usual occupation  11. Industry or business    12. Name	Mouse Bultin Bultin Walter Louis or removal. White or removal. White or removal. White founds	Jane Herry Date the Dest	Modern Superior Super	11

2.(a) It veteran, name war	(If rural, give LOCATION)	/
	3. (b) Social Security Number	
0.1	DICAL CERTIFICATION  L 16 19.48 21.845	P. M
april 18	on the date above stated; that I attended deceased from  19. 47, to Africa 16. 19.  19. 19. 19. 19.	48
	cident one	IDN
Due to Styperten	io	***********
Other conditions		
Major fisdings of operations	ancy within 3 months of death)	
Autopsy results		
	e to external causes, fill in the following;	
	City or town) (County) (State)	
	public place (where?)	
Means of Injury	Injured at work?	
23. SIGNATURE Halte Address Colleys	I. Kus M. D. or other ille Md Date signed 4/14/	48

Washington age

MARGIN RESERVED FOR BINDING AINLY, WITH UNFADING INK., Supply every item of

VS A15



PLEASE WRITE

### MARYLAND STATE DEPARTMENT OF HEALTH

# 03571

CERTIFICATE OF DEATH

Reg. Dist. No. 57

. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
(If outside city or town limits, write RURAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give nearest town)
ow long in above place of death? ospital, institution, or street address where death occurred:	Street No. Je Pal - Pal
ow long to hospital or institution?	2.(a) It veteran, name war
(a) FULL NAME Mary Eller Cova	hey 3. (b) Social Security Number
5. Color or race 5.(a) Single, married, widowed, or divorced to Wildowed	MEDICAL CERTIFICATION  20. DATE OF DEATH
(6) Name of husband or wife	21. I CERTIFY that death-occurred on the date above stated; that I attended decreed from
Birth date of deceased (mo., day, yr.) Auly 18, 1867	and that I last eaw h.C.3alive on
8. AGE: Years Month Days It less than one day 22min.	Immediate cause of death DURATION / Wast
Birthplace (Town, county, and state)	Due to Care Sample 17
D. Usuat occupation	Due to
12. Name Markael Bugdy	Other conditions
14. Malden name	(Include pregnancy within 3 months of death)  Major findings of operations
E 15. Birthplace Ireland	Date of op.
16. Interment Mis Many Mix	Autopsy results
Address    Address   Aunorum   Md	22. VIOLENCE: It death was due to external causes, till in the tollowing;  Accident, suicide, or homicide
Cemetery or crematory	Where did Injury occur?
Location Sexus md.	Injured at home, tarm, industry, public place (where?)  Means of Injury  Injured at work?
Address Sparler ned.	22 SIGNAMUS Color FOR Donnell Will
4-10- 48 Wilmer C. Ensor  (Date rec'd by register)  (Date rec'd by register)	Addres 301 Fach BC Date Signs 1/9/40
,	

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APR 14 1948

BUREAU V. S.

WRITE

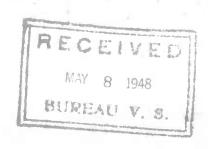
PLEASE

# A15 SN

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

/		CERTIF	ICATE OF DEATH Reg. Diat. No. 0 353
1. PLACE OF DEATH:  County		Md. mits, write RURAL and give nearest to O years death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State. Maryland County Baltimore  Fullerton, Md.  (If outside city or town limits, write RURAL and give nearest town)  Street No. 18 Henry Ave.  (If rural, give LOCATION)  2.(a) ft veleran, name war.
3. (a) FULL NAM	HELEN A.	CREASY	3. (b) Social Security Number
female	5. Color or race white	6.(a)Single, married, widowed, or divorce married	MEDICAL CERTIFICATION  20. DATE DF DEATH April 17th, 1948 21 10:55
6.(b) Name of husband  7. Birth date of deceased (mo., day.  8. AGE: Year  9. Birthplace	yr.) Janua  s   Months 1   2  York, Pa.  (Town. at hom ss  George St  Pa.  Nettie Ho	county, and state) 18 Crack	21. I CERTIFY that death occurred on the date above stated; that I attended daceased from  19. 4. 19. 19. 4
16. Informant	18 Henry And American Green  York  Associated The American America	Date thereof. 4/21/48 (month) (day) (mount  Pa.   Fune al Ho	19/ consecsor



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PLEASE WRIT

SA

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

()3573 Reg. Diat. No. 44

County  City or town  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred.  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  Couoty  City or town  (If outside pity or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) It veteran, name war.
3. (a) FULL NAME Franklin J. Crowt	ther 3. (b) Social Security Number
4. Sex  5. Color or race  6.(a) Single, married, widowed, or divorced  married  6.(b) Name of husband or wite	20. DATE OF DEATH Courred on the date above stated; that I attended deceased from  19. 10. 10. 19. 10. 19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
T. Birth date of deceased (mo., day, yr.)  7.6. (6) If alive, give age years  1.6. (7) If alive, give age years	and that t fast saw halive on
deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day  40 2. hrs. min.  9. Birthplace	Immediate cause of death.  OURATION  Due to.
1B. Usual occupation	Dus to
12. Name Frank S. Crowther	Other conditions
14. Maiden name Ceroline S. (Schmidt)  15. Birthplace Perma.	(Include pregnancy within 3 months of death)  Major fiadiags of operations.
≥ 15. Birthplace Lenna.	Date of op
18, informant hors. Helen Crowther  Address 9 Homeland at E.	Autopsy results
17. (Burial, kremation, or removal. Which?)  Date thereot (month) (day) (year)	22. VIOLENCE: 14 death was due to external causes, till in the tollowing;  Accident, suicide, or homicide, grandless.  Date of
Cemetery or crematory Their June Home	Where did Injury occur?
Location Miles Bure, Junya	Injured at home, farm, Industry, public place (where?)
18. Funeral director. John S. Connelly Address 418 Eastern lus.	Means of Injury Injured at work?  23. SIGNATURE AND DO
19. Clas. 10 - 19 48 Jan S. Connelly	Nept, ma. cyam - Bato & D. Hoerty.

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

03574

			1	1	1
Reg.	Diat.	No.	 		ľ.,

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
City or town.  City or town limits, write RURAL and g  How long in above place of death?  Hospital, institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town)
13720 Prendward ave	Street No.6720 Brentwood Ave 636 S. Wacou St.  (If rural, give LOCATION)  2.(a) If veteran, name war.
3.(a) FULL NAME	2 (b) Social Social Number
4. Sex   5. Color or race   6.(a) Single, married, wild male   Marri	
B.(b) Name of hospans or wife Anna Danna  S.(c) If alive, give	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from $3 - 16 - 46$ 19 10 $4 - 26$ 19 48
7. Birth date of deceased (mo., day, yr.) Oct. 13 1873  8. AGE: Years   Months   Days   If less tha 74   13	in one day Immediate cause of death
B. Birihplace. Cianciano Girgenti It  (Town, ecunty, end atate) Retired  10. Usual occupation. Retired  11. Industry or business  12. Name Antonio Lanna Ttaly	Due to.
14. Maiden name Gaetana Cona  15. Birthplace Italy	(Include pregnancy within 3 months of death)  Major fiedings of operations
16. Informant Atma Danna (Wife) Address 6720 Brentwood Ave (Dunda	
Burial    Burial   Bate thereof April   Burial, cremation, or removal, Which?   Bate thereof April   Cemetery or crematory Sacred Heart Cemeter   Common Cemetery or crematory Sacred Heart Cemeter     Location   Germanhill Rd. Dundalk Md     B. Funeral director   Graul Oella Waddress   52 N. Morley St.     Address   52 N. Morley St.     18	Where did Injury occur? (City or town) (County) (State)

ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and PLAINLY, WITH UNF is especially important.

FOR BINDING

MARGIN RESERVED

9-45-15M PLEASE WRITE A15 NS

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:  County Belts Author And Survey City or town.  City or town.  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?.  Hospilal, inslitution, or street address where death occurred:  How long in hospital or inslitution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother)  State  County  City or town  (If outside city or town limits, write RURAL and give nearest town)  Street No. Fern 1 fully full Oves  (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME George De Graw	3. (b) Social Security Number 484-07-0161
4. Sex  Male  White  Manuel  6. (b) Name of husband or wife. Mangaret De Graw  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years  Months  Gy  Gy  Hiles than one day  Gy  Hiles than one day  Gy  Hiles than one day  Hiles	MEDICAL CERTIFICATION  20. DATE OF DEATH  21. I CERTIFY fhat death occurred on the date above stated; that I affended deceased from  19.  21. I CERTIFY fhat death occurred on the date above stated; that I affended deceased from  19.  21. I CERTIFY fhat death occurred on the date above stated; that I affended deceased from  19.  21. I CERTIFY fhat death occurred on the date above stated; that I affended deceased from  19.  21. I CERTIFY fhat death occurred on the date above stated; that I affended deceased from  19.  22.  23.  24.  24.  25.  26.  26.  27.  26.  27.  27.  28.  29.  20.  20.  20.  20.  20.  20.  20
17 Burial Cremation, or removal. Which?)  Cemetery or crematory Barkword Cametery  Location  18. Funeral director Laway 1. Blight  Address 6009 Harfury Road  19. April 9 48 A. W. Hedred  (Date/fee'd by registrar)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, eulcide, or homicide

2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	DECEASED:			
State Cour	ty	***************************************		
City or town Jackielle	The Division of the Control of the C			
(If outside city or town limits.  Street No. Fern & Putty	Till ave	est town)		
Street No. (If rural, give I	OCATION)			
2.(a) If veteran, name war	•••••••••••••••••••••••••••••••••	•••••		
	3. (b) Social Security N	lumber		
	484-07-0	161		
MEDICAL CE	RTIFICATION			
20. DATE OF DEATH	7, 19.48	100		
21. I CERTIFY that death occurred on the date abov	e staled; that I affended decea	eed from		
4/7 19.7	18 10 4/7	19		
and that I last eaw h. alive on	/	19.5		
Immediate cause of death		GURATION		
	4			
Due 10 Who Challes durance				
Due to.				
B		> 0.		
Due to Bracks -	process and			
	•••••	***************************************		
Other conditione				
(Include pregnancy within 3 m	onths of death)			
Major findines of operations	***************************************			
	Date of op			
Antopsy results		tatistically.		
22. VIOLENCE: If death was due to external caus	es, fill in the following:			
Accident, eulcide, or homicide	Date of			
Where did injury occur?(City or town)	(County)	(State)		

VS

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3/6

#### CERTIFICATE OF DEATH

1					
1. PLACE OF DEATH:  County		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State			
					City or town(If
How long in above place of death? 2 months 28 days		City or town Baltimore (If outside city or town limits	, write RURAL and give ne	arest town)	
Hospital, institution, or	street address where	e death occurred:	Street No3113 Rosalie A		
		te Hospital	(If rural, give	LOCATION)	/
		onths 28 days.	2.(a) it veteran, name war		V
3. (a) FULL NAM	E			3. (b) Social Security	Number
		Irene Dempsey			
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
Female	White	Married	20. DATE OF DEATH April 10,	1948 19	6:20 J
6.(b) Name of bushand	or wite	William P. Dempsey	21. I CERTIFY that death occurred on the date about	re stated; that I attended dece	eased from
The second second		6.(c) If alive, give age 68 years	January 13, 1948 19		1918
7. Birth date of			and that I last saw h	1 10, 1948	19
deceased (mo., day,		uary 13, 1877	Immediate cause of deathBronchop		
8. AGE: Years	s Months	2 Pays It less than one day	bilateral; lower	, no descripte	24 hour
71	1	hrsmin.	Cerebral accident		
9. Birthplace					
1B. Usual occupation.	Hous	sewife	Due to Hypertensive cardi		***************************************
11. Industry or busines	s F	lome	-renal disease		n
SE 12 Name		s James		••••••••••••••••••	**
12. Name		ryland	Dther conditions	***************************************	-
			(Include pregnancy within 3 m	nonths of death)	
14. Malden name.	Anna 1	hiele	Major findings of operations		
2 15. Birthplace	Mar	yland	HU6BAND)	Nate of an	
16, Informant		IL MA D. DEMPOEU	Actorsy results As above	vaic of op.	
	-	1/ ( )	DUVCICIAN. Plane and aline the same to whi		
Address	atonsville	28, Md. 2652 +/AR/00 + M	22. VIOLENCE: It death was due to external caus	ses till in the following:	
17.	RIA L	Date thereof (month) (day) (year)	Accident, suicide, or homicide		
(Burial, cremation	1				
Cemetery or cremate	TOUT	000 1 1)	Where did Injury occur?(City or town)	(County)	(State)
Location	164	LTO. MD.	Injured at home, tarm, Industry, public place (wh	ere?)	
	11 6.81	TREADERY Sons	Means of Injury	injured at work?	
18. Funeral director	V	- LEINER DY	Osciela Fran		
Address	DA	LTO, MI	23. SIGNATURE. Isadore Tuer	k, M. D.	
ADD T	0 10	thenting ton Williams M	FI (m)		
19. APR T	gistrar)48	Registrar	Address Catonsville, 28,		4/11/48

orrect age

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:  County Baltimore  City or town		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State				
How long In hospita	n. Hospital	x, 6 Hrs.	d, Md.	(If rural, give		
3. (a) FULL NA		N R. DOUGLA	SS		3. (b) Social Secur unknown	ity Number
4. Sex Male				MEDICAL CI	ERTIFICATION	3
6.(b) Name of Nutrito Martha Douglass		21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 29, 19.48 10 April 30, 19.48 and that I last saw h imalive on April 30, 19.48 Immediate cause of deathMYOCARDIAL FAILURE				
o. AGE.	Months 6		ss than one dayhrs min.	Immediate cause of death		2 Waard
9. BirthplaceWashingtonDC. (Town, county, and state)  1D. Usual occupation. Chauffeur		Due to Hypertensive hear		l year plus		
11. Industry or busing 12. Name?		glass		Other conditions		
- 41	me Annie ?					
16. Intermant Clinical Records, Vets. Adm. Hosp. Ft. Howard, Md.		Autopsy resulta				
17. Burial Date thereof (Monyh) (day) (year)  Cemetery or crematoryBaltimore National Cemetery			22. VIOLENCE: If death was due to external car Accident, suicide, or homicide	(County)	(State)	
Location 5501 Frederick Rd. Balto.Md.  18. Funeral director. Mrs. Katie R. Williams  Address 322 N. Schroeder St. Balto.Md.		Means of injury	Injured at work?	7		
19	y registrar)	8 Min	Registrar	AddressFt. Howard, Md.	/ M.	D. or other

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age

#### MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 13d

#### CERTIFICATE OF DEATH

03578

			70	
Reg.	Dist.	No.	30	

1. PLACE OF DEATH.  County City or town limits, write RURAL and give nearest town)  How long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  County  (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death, occurred:	
Color Educatedor and	Street No. 6 / 0 B Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME  Decis Redesco	3. (b) Social Security Number
4. Sex 5. Color or Face 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH  20. DATE OF DEATH  21. DATE OF DEATH  22. DATE OF DEATH  23. DATE OF DEATH  24. DATE OF DEATH  25. DATE OF DEATH  26. DATE OF DEATH  27. DATE OF DEATH  28. DATE OF DEATH  29. DATE OF DEATH  20. DATE
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Girth date of deceased (mo., day, yr.) Que 24 1885	and that I last saw halive on
8. AGE: Years Months Days If less than one day	Immediate cause of death
62 7 10min.	Conney occluse
8. Birihplace (Town, county, and stage)	Due to
10. Usual occupation Cake Ha Dev	Due 10 Carde ourcular decen
11. Industry or business Home - Fordens	
12. Name	Differ conditions
Hall 14. Malden name.	(Include pregnancy within 8 months of death)
200	Major fiadings of operations.
\$1 15. Birthplace	Date of op.
16. Information of the contract of the contrac	Autopsy results
Address De Common Date thereof Manual (Burial, cremation, or removal, Which?)  Date thereof Manual (pointh) (day (year))	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Day C. The Control of the C	Injured et home, farm, industry, public place (where?)
- I I man on alla	Means of Injury Injured at work?
16. Funeral director	9 1 1 Keffled
Address Cafous Will // 9	23. SIGNATURE M. D. or other
19. Charles and the recistrary Registrary Registrary	Address 010 Leeds an Date signed 4-3.48



WRITE PL

MARYLAND	STATE	<b>DEPARTMENT</b>	OF	<b>HEALTH</b>
	0444 NI CI	1 C. D. I.I.		10

2411 N. Charles St., Baltimore

03579

#### CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)		
Catonsville (If outside city or town limits, write RURAL and give nearest town)	State Maryland County		
How long in above place of death?	Start No. 1030 Park Heights Ave		
Spring Grove State Hospital	(If rural, give LOCATION)		
How long In hospital or institution? 17. days			
3. (a) FULL NAME F Edward Dunnock	3. (b) Social Security Number		
4. Sex 5. Color or race S.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Widowed	20. DATE OF DEATH. April 25 19.48 at 3:10 pm		
8.(b) Name of husband or wife Mary A. Cibney (Dunnock)  6.(c) If alive, give age	APTIL 0 19 40 to APTIL 25 19 40		
7. Birth date of deceased (mo., day, yr.) August 25, 1873	Immediate cause of death Bilateral Lobar Pneu- DURATION		
8. AGE: Years Months Days If less than one day 74 8 0hrs.	monia - Undetermined Origin 8 hours		
9. BirthplaceBaltimore, Maryland (Town, county, and state)	Coronary Thrombosis less than I nour		
10. Usual occupation	Men Arteriosclerotic Heart Disease Indefinit		
12. Name Samuel F. Dunnock  13. Birthplace Baltimore, Md.	Other conditions		
Z 13. Birthplace Baltimore, Md.	(Include pregnancy within 3 months of death)		
E 14. Maiden name Alice F. Jones	Major fiediogs of operations		
5 15. Birthplace Baltimore, Md.	Major nodiogs of operations.  Date of op.		
14. Maiden name Alice F. Jones 15. Birthplace Baltimore, Md.  16. Informant Hospital Records			
Address Baltimore 28, Maryland  17. (Burial, oremation, or removal Which?)  (Burial, oremation, or removal Which?)  (Burial, oremation, or removal Which?)			
(Burial, cremation, or removal Which?) (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Doublon Jank	(City or town) (County) (State)		
Location Jakto . M.C.	Injured at home, farm, Industry, public place (where?)		
18. Funeral director William Cook Juc	Mssns of injury Injured at work?		
Address 1 1219 St. Paul St.	23. SIGNATURE Isadore Tuerk, M.D. M.D. or other		
19. X/27 19 X8 Dw Jedgie	M, D. or other Catonsville 28 , Md. Bale signed 11/26/148		

2411 N. Charles St., Baltimore

03580

#### CERTIFICATE OF DEATH

1. PLACE OF DE	All: Reltimo:	re	(For newborn infants give residence of n	DECEASED:	
County Baltimore City or town Catonsville (If outside city or town limits, write RURAL and give nearest town)		state Maryland county			
How long in above place	of death?		Cily or townBaltimore (If outside city or town limits,	, write RURAL and give nesrest town)	
Hospital, Institution, or	street address where	es 16 Fusting Ave.	Street No. 119 S. Wickh		****
***************************************			(If rural, give l	V	
3. (a) FULL NAM			2.(a) If veteran, name war		•••
S. (a) FULL NAM	MIN	NIE J. ELLIS		3. (b) Social Security Number	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Female	white	Single	20. DATE OF DEATH April 21	19. 48. at 1.30/	PN
6.(b) Name of husband or wife		21. I CERTIFY that death occurred on the date abov	15 10 april 21 19 4	17	
8. AGE: Years	Months	Days If less than one day 24	Metastalie Ca 7	Brown 320	<b>2</b>
9. Birthplace	At home	eounty, and state)	Due to.	8 132	
E 12. Name John Ellis I 13. Birthplace Ireland		Other conditions			
		Kenealy	(Include pregnancy within 3 m	onths of death)	
14. Maiden name.	Irelan		Major findings of operations		
≥1 15. Birthplace		rine Yockel			
16. Informant	************************	kham road	Autopsy results		
Buri	al Which?	Date thereof. 4/24/48	22. VIOLENCE: If death was due to external caus Accident, suicide, or homicide		
Cemetery or cremate	Cath	edral	Where did Injury occur?(City or town)	(County) (State)	
Location 4300 Old Frederick road		Injured at home, farm, Industry, public place (who	ere?)		
18. Funeral director.	n. m.	Royal avi	23. SIGNATURE Marian K.	Tallager M. D.	, , , , ,
(Date fee'd by re	gistrar)	Registrar	Address Calonaville - 28,	Tus Date signed # /22/4	18

ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and MARGIN RESERVED FOR BINDING

PLAINLY, is especially PLEASE WRITE

A15 SA 1247 1247

Dr. Gallagher
6209 Frederick AVE

RECEIVED

APR 24 1948

BUREAU V. S.

2411 N. Charles St., Baltimore 940

#### CERTIFICATE OF DEATH

03581 Reg. Diat. No.

	,/		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State. Maryland County		
CountyBaltimore			
City or town			
Harris la character of death? 15 days	City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)		
How iong in above place of death?	Street No. 3117 Falls Rd.		
Vets. Adm. Hospital, Fort Howard, Md.	(If rural, give LOCATION)		
How long in hospital or institution?15 days	2.(a) if veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
HORACE J EMERSON ST  4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Married	20. DATE DF DEATH. April 17 19 48 31 9:45 1		
	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from		
6.(b) Name of Mush of wife Grace Emerson	April 2 1948 10 April 17 1948		
6.(c) If allve, give age 50years	and that I last saw h imalive on April 17		
7. Birth date of deceased (mo., day, yr.) 5-2-95	Immediate cause of death Infarction of tight DURATION		
8. AGE: Years   Months   Days   If less than one day	& left ventricle		
	Mharacharia 10 Sh ant acremons		
9. BirthplaceBrazil (Town, county, and state)	Due to Thrombosis left ant. coronary		
	artery 3 day F		
1D. Usual occupation	Due to Coronary arteriosclerosis unknown		
11. Industry or business			
12 Name Lucien Emerson	Diher conditions Cardiac dilatation &		
12. Name Lucien Emerson 13. Birthplace South America	hypertrophy (Include pregnancy within 8 months of death)		
14. Maiden name Rosa Hamberton  15. Birthplace Maryland	Major findings of operations.		
15. Birthplace Maryland	Date of op.		
16. Informant Clinical Records, Vets. Adm. Hosp.	Autopsy resultsSameasabo.ve		
	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address Fort Howard, Maryland 46/00/48	22. VIOLENCE: tf death was due to external causes, fill in the following;		
17. Burial Date thereof (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematoryBaltimore National Cemetery	Where did Injury occur?		
Location Baltimore, Md.  18. Funeral director Howard Blight, Jr.	tnjured at home, farm, Industry, public place (where?)		
Howard Blight, Jr.	Means of injury Injured at work?		
	Grehard n. Jank		
Address 4914 Belair Rd., Baltimore, Md.	23. SIGNATURE RICHARD N. LAND, M.D. M.D. or other		
assil 19 . 48 G. W. Helrich			
19. (Dyfe rec'd by registrar)  (Dyfe rec'd by registrar)  Registrar	Address VAH Fort Howard, Md. Date signed 4-18-48		

MARGIN RESERVED FOR BINDING

ADING INK. Supply every item of information carefully. Physicians: please write the causes of death clearly and

PLAINLY, WITH UNF is especially important.

WRITE

PLEASE

A15 NS 2411 N. Charles St., Baltimore

461

03582

#### CERTIFICATE OF DEATH

er. Dist. No. 37

/		105. 210. 100.	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of		
County Baltimore	State maryland con	uniy Baltim	ore
City or town	Other se some 1 . Texas	/	
How long in above place of death? 14 W 25 da.  Hospital, institution, or street address where death occurred:		s, write RURAL and give nea	rest town)
Baltimore County Hame	Street No		**********************
How long in hospital or institution? 14 4 25 ac	2.(a) If veteran, name war		
3. (a) FULL NAME Patrick Findley		3. (b) Social Security	Number
4. Sex   5. Color or race   8.(a)Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
male white	20, DATE DE DEATH aferil	29 19.46	a // A .
6.(b) Name of husband or wife	21. I CERTIFY that death colurred on the date abo		ased from
	19.	11160	19T.4
7. Birth date of deceased (mo., day, yr.)	and that I last saw h. Assa. alive on	770	DURATION
8. AGE: Years   Months   Days   if less than one day	Immediate cause of death	ua Maura.	245
87 3 23hrsmin.		//	
3. Birthplace new york	Due to		
9. Birthplace Town, county and state)	·		* *************************************
1D. Usual occupation	Due 10		*
t1. Industry or business	Orteres rele	versio -	* *************************************
12. Name John Findley  13. 8irthplace Dreland	Other conditions	_	***************************************
13. 8irtholace Dreiding	(Include pregnancy within 3	months of death)	
14. Malden name Margaret Maloney 15. Birthplace Dreland	Major findings of operations		
Mus Edger He Cort	1	Date of op	**********
16. Informant D	PHYSICIAN: Please underline the cause to w	hich death should be charged	statistically.
Address 2/0/ / Oct 300 / Address	22. VIOLENCE: If death was due to external ca	uses, fill in the following:	
17. (Burial, cremation, or removal. Which?)  (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide		
Cemetery or crematory Baltimore County Home	Where did injury occur?(City or town)	(County)	(State) .
Location Texas . And.	tnjured at home, farm, industry, public place (v		
18. Funeral director Landon M. Brooks	Means of injury	Injured at work?	,
Address Skinks, rud.	Wiles Y	a hundh	1.0
in a cold live of	23. SIGNATURE	М. D.	or other
19. Oper rec'd by registrar)  (Date rec'd by registrar)  Registrar	Address Colley Sville	Sud Date signed.	4/30/48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH-UNF is especially important.



## PLEASE WRITE PLAINLY, ' A15

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03583

#### CERTIFICATE OF DEATH

	110
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	06 1 1 2 14
City or town	001 10 5
How long in above place of death?	City or town
Hospital, institution, or street address where death occurred:	Street No. 2 15 Clarendon frame
2 15 Clarendare Con	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Mo. Katherine May	7. her 3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorces	MEDICAL CERTIFICATION
J. Itidar	2D. DATE OF DEATH 29 Gysril 18.41 A 21 4:45 PM
6.(b) Name of husband or wife Italian J. Links	21. I CERTIFY that death occurred on the date above etated; that I altended deceased from
	23 January 18.41 10.23 figuril 18.41
7. Birth date of Sep Vember 20, 1860	and that I last saw have alive on
ueceaseu (mu., uay, yi.)	Immediate cause of death
0. AUL.	Cesatral
87 /hrsmln.	Citeriocheronia
9. Birthplace (Town, county, and state)	Due to
10. Usual occupation H: W.	
	Due to
11. Industry or businese H. W.	
12. Name 2 lian France ? Unknown	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name Many De Mass 8 15. Birthplace Unknown	Major findings of operations
\$ 15. Birthplace Unknown	Date ot op.
16. Informant Harry F. Tricker	Autopsy results
Address 215 Planendon are. Cikarille Mid	PHYSICIAN: Please underline the cause to which death should be charged statistically.
1 . 1 P- 26 114	22. VIOLENCE: If death was due to external causes, till in the following:
(Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory Somaline	Where did injury occur?
leasing Woodlown Ind.	Injured at home, farm, industry, public place (where?)
Home St. Renne A	Means of injury Injured at work?
18. Funeral director.	
Address 4204 Osidegured tire.	23. SIGNATURE Charles H. William W. Dr.
19. 4/34/48 19. 629. Hedrid	2.1 11-6-9ml M. D. or other
(Date rec'd by registrar) (Date rec'd by registrar)	Address Dahanelle Mill Oate signed 23. Lypn. 440



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### MARYLAND STATE DEPARTMENT OF HEALTH, 12411 N. Charles St., Baltimore 939

#### CERTIFICATE OF DEATH

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	- 2	-	А
	-	- //	и

1						
1. PLACE OF DEAT				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
			••••••			
City or town Cai	consville	28. N	RURAL and give nearest town)	state Mary land County		
			and give heatest wwn;	City or town Baltimore (If outside city or town limits, write RURAL and give no	parest town)	
Hospital, institution, or str				Street No. 6304 Blackburn Court		
Spring G	rove State	Hosp	itall	(If rural, give LOCATION)		
How long in hospital or ins	stitution? 6	days	***************************************	2.(a) If veteran, name war		
3. (a) FULL NAME	Kimbran			3. (b) Social Security	Number	
	Color or race	ming	ie, married, widowed, or divorced			
			0.000	MEDICAL CERTIFICATION		
Female	White	N	larried	2D. DATE DF DEATH April 23 1948	, at 5 : 55 a. M	
6.(b) Name of husband or	wife Dorsey	J. F	leming	21. I CERTIFY that death occurred on the date above stated; that I attended dec		
Sites wante of hasbana or			(A) 14 all 10 al 1	April 17 19 48 10 April 2	3 19 48	
7. Birth date of	Mana	h 🖼	(c) If alive, give age	and that I last saw h er alive on April 23	19.48	
deceased (mo., day, yr.)		Dals	11 less than one day	Immediata cause of death	OURATION	
8. AGE: Years 61	Months	12	hrs min.	Arteriosclerotic heart disease	indefinit	
BREMO BLUH,	Virginia (Town, co	unty and	state)	Due to Arteriosclerosis, generalized		
am 11	House evel f	•				
1D. Usual occupation				Due to		
11. Industry or business	Domesti					
12. Name	Virginia		Pichmond	Dither conditions		
		-		(Include pregnancy within 3 months of death)		
EDI+H  14. Maiden name  15. Birthplace			it	Majur findings of operations		
€ 15. Birthplace	Virgini	8				
16. informant	Toenital B		DORSEY J. FLEMI			
Address &	damendald.	-00	Md. GJOY BLAUSURA	PHYSICIAN: Please underline the cause tu which death should be charged	statistically.	
-	•		1 1 1	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation, or	removal, Which?)	Date the	reol 4/26/48 (month) (day) (year)	Accident, suicide, or homicide Date of		
Cemetery or ecomology	BREN	10	BLUFF Va.	Where did injury occur?	(State)	
				Injured at home, farm, Industry, public place (where?)		
Location	<b>-</b>	7.	- 0/5	Means of Injury Injured at work?		
18. Funeral dizactor	m - 1	ick	er toms	Ascelar de milione	A.	
Address	7 Lto	,	MD.	Isadore Tuerk, M.D.		
4/	48	1	2100 D. 1	23. SIGNATURE Isadore Tuerk, M.D.	or other	
19. (Date rec'd by regist	19	TIC	and seed Registrar	Address Catonsville -28, Maryland Date signed	4-23-48	

03585

#### CEDTIFICATE OF DEATH

CERTIFICAT	E OF DEATH Reg. Dist. No.	
1. PLACE OF DEATH:  County  City or town  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospilal, instilution, or street address where feath occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)  State	
How long in hospital or Institution?	2.(a) If veleran, name war	
Margaret M. Foster Fos	3. (b) Social Security Number	
4. Sex S. Color or race 6.(a) Single, married, widowed, or divorced Married.	MEDICAL CERTIFICATION  20. DATE OF DEATH. April 16 1947 21 6	А.
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  July 75  18 47, to April 16  and that I last saw h	948 945
deceased (mo., day, yr.) Tel-, 1 - 1818		ATION
8. AGE: Years   Months   Days   It less than one day   hrs	Cerebra homorphise 2 m	mlfs.
9. 8irthplace	Due to. Asterial sclerate heart  Agent und hypertenders  Due to.	
11. Industry or business  12. Name	Other conditions	
14. Maiden name 15. Birthplace	(Include pregnancy within 3 months of death)  Major findings of operations	
16. Informant druin D. Follow	Autopsy results	у
Address  17. But 19 - 19 y (Burial, eremation, or removal, Which?)  Cemetery or crematory. Cemetery or crematory.	22. VIOLENCE: It death was due to external causes, fill in the following:  Accident, suicide, or homicide	
Location Bradebour MA	Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?	
18. Funeral director	23. SIGNATURE. Jed O Hodous M. D. or other	>= 4 × 0 × 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
19. April 19 4 8 G. E. Chillian	Address Edglwood md Date signed 4-16.	.48

Registrar Address.....

MARGIN RESERVED FOR BINDING

PEEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

age

(Date ree'd by registrar)

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APR 23 1948

BUREAU V. S.

PLEASE

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03586

#### CERTIFICATE OF DEATH

	Reg. Diat. No.
1. PLACE OF DEATH County  City or town	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State County County  City or town (If outside city or town limits, write RURAL and give nearest town)  Street No
How long in hospital or instilution?	2.(a) If veteran, name war
3. (a) FULL NAME Any Lucinda Frie	3. (b) Social Security Number
4. Sex 5. Color or rape   8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH. A DATE OF DEATH. A S.O. S.A. M.
8.(b) Name of husband or wife. Annual Superior S	21. I CERTIFY that death occurred on the date power stated; that I attended deceased from to a state of the s
6 AGE: Years Mooths Days If less than one day	and that I last saw h. Q. alive on april 2 2 20 19. Immediate cause of death DURATION / O Sep
8. Sirthplace	Due to Demislegia and
10. Usual occupation	Due to
12. Name	Other conditions  (Include pregnancy within 3 months of death)
14. Maiden name. Uniformation 15. Birthplace	Major findings of operations.  Uale of op.
Address 150 oakure Edgenere In	Autopsy results
(Burial, cremation, or removal, Which?)  Cemetery or crematory M. Calvary Cemetery or crematory M. Calvary Cemetery Company Cemetery Cemeter Cemetery Cemetery Cemeter Cem	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Location a a County	Where did injury occur? (City or town) (County) (State) Injured at home, tarm, industry, public place (where?)
18. Funeral director Mesa. 13. Abh. Q " Elless & Det.  Address 1129 N. Curling St.  19. april 24 148 a lb Hedreal	Means of Injury Injured at work?  23. SIGNATURE M. D. of other

2411 N. Charles St., Baltimore

03587

			CERTIFICA	TE OF DEA	TH	Reg. Dia	t. No. 38	104
City or town(11  How long in above plan Hospital, institution, Sheppard	ce of death? Sinc or street address where & Enoch Pr	mits, write RUR e Januar death occurred: att Hosp	AL and give nearest town) y 15, 1948 ital, Towson, N	(For newborn i State Maryla City or town Fa (If o	llston outside city or town lim	of mother)  County Harf  its, write RURAL a	nd give nearest town)	
3. (a) FULL NAM		APELIUS	GABLE			3. (b) Social	Security Number	
4. Sex	5. Color or race	6.(a)Single, m	arried, widowed, or divorced	11-	MEDICAL	CERTIFICAT	ION	
Male	White	M	arried	2D. DATE DF DEATH	April 12		19 48 at 6:00	AC
6.(b) Name of husband or wife Evelyn Briscoe Gable  6.(c) If alive, give age Unk. years  7. Birth date of deceased (mo., day, yr.) January 3, 1880					th occurred on the date by 15 1	,48 ,10 Ar	ril 12 19	
8. AGE: Yes	ars Months	Days	if less than one dayhrsmi	n.	releter 4	nuzees	deal 10 yr	2
10. Usuat occupation	ess Illiam Gable	ttere		Oue to		reme	Joegs July	9 2 9 t
14. Maiden nam 15. Birfhplace	Louise T	hompson			0.00.		of op.	
16. Informant Hospital records				PHYSICIAN: Please	underline the cause to		he charged statistically.	
Burial Oate thereof 4/15/48  (Burial, cremation, or removal, Which?)  Cemetery or crematory U.S. National				Accident, suicide, or h	eath was due to external nomicide	Da	nte of	
Location Baltimore, Md.				Injured at home, farm,	, Industry, public place			
William Cook Inc.  18. Funeral director				Means of Injury	Jersu 1	A. U.A.	Work?	6.50
19. April	registrar	e a	w. Heffest	Shanne	ard-Pratt,	Towson, Mo	M. D. or other A/12/	48

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ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and

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PLEASE WRITE PLAINLY, V is especially

2411 N. Charles St., Baltimore

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03588

#### CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF I	HTAB					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
Catonsville					State Maryland County Baltimore		
(If outside city or town limits, write RURAL and give nearest town)				URAL and give nearest tow	0-4		
How long in above pi						(If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution,	or stree	address where	death occurred	l:		Street No 303 Glenmore Ave.	
*************************			**********			(If rural, give LOCATION)	
How long in hospita		ution?		***************************************	• • • • • • • • • • • • • • • • • • • •	2.(a) If veteran, name war	
3. (a) FULL NA						3. (b) Social Security Number	
		cora A.C					
4. Sex	5. 0	coior or race	6.(a)Singl	e, married, widowed, or divorced		MEDICAL CERTIFICATION	
F		W	Mar	ried		20. DATE OF DEATH April 2 1948 31 8.20	
6.(b) Name of husba	and as wit	Herber	rt S.Ga	ither		21. I CENTIFY that death occurred on the date above stated; that I attended deceased from	
				NM -the star -		Jun 19 19 48 10 april > 194	
7. Birth date of				c) If alive, give age	years	and that I last saw h. Maiive on	
deceased (mo., da		January		The second secon		Impediate cause of death	
8. AGE: Yo	ears	Months	Days	If less than one day		Comary Oceshieum Sudil	
4	50_	2	1	hrs	min.		
0 Birthoinea	Por	olar Sp	rings	Md.		Due to Munalle Vtent Llsua	
						a Delemounter 19/4	
10. Usual occupation	n.At.	Home			**********	Que to Chandre Endicantition 4090	
1t. Industry or bush	ness						
H 12 Name	John	T. Pick	ett			Other conditions	
t2. Name		Md		-/			
	רפ	orence	M Demos	ey		(Include pregnancy within 3 months of death)	
14. Maiden na 15. Birthpiace	me			.x.J	***********	Major findings of operations	
∑ 15. Birthpiace		Md			_		
16. Informant	Herb	ert S.G	aither.			Autopsy results	
Address Catonsville, Md					PHYSICIAN: Please underline the cause to which death should be charged statistically.		
				1618		22. VIOLENCE: If death was due to external causes, fill in the toilowing;	
17. Bur	ion, or r	emoval. Which	Date ther	eof. 4-6-48 (month) (day) (y	ear)	Accident, suicide, or homicide	
Cemetery or crematory Poplar Springs				)	Where did injury occur?		
tocation Poplar Springs, Maryland					Injured at home, farm, Industry, public place (where?)		
						Maana of injury Injured at work?	
				***************************************	******	50.11166	
Address	0111	cott Ci	uy, ma.	2 .1		23. SIGNATURE COLUT WYDUNGOOD	
10 #1=	3	19 48	V. 9	2. Harry		5 (1/8) Duele with au	
(Date rec'd b)	registra	r)		F	Registrar	Addresse Date signed	

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

03589

Reg. Dist. No. 33

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Maryland county Baltimore
(If outside city or town limits, write RURAL and give nearest town)	City or town Reisterstown Route 2 (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 48 yrs	
Hospital, institution, or street address where death occurred:  Nicodemus Road Reisterstown Md.	Street No. Nicodemus Road ((frural, give LOCATION)
was	2.(a) It veteran, name war
How long in hospital or institution?	
3. (a) FULL NAME	3. (b) Social Security Number
William Lewis Gamber	None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W M	20. DATE DE DEATH 45 - 2 4 15/8 at 11 P. M.
6.(b) Name of husband or wife Ida Margaret Tillman	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	1-1-30 19 10 4-24-1948
Gamber 6.6 of 11 alive, give age 77 years	and that I last sayly M alive on 4 2 3 - 4 19
deceased (mo., day, yr.) JULY 20 1000	Immediair cause of death
8. AGE: Years   Months   Days   It less than one day	mnocarolly 5pt
91 8 28hrsmin.	Approvie. okcompensaly
Finksburg Cerroll Co Md	Due to
9. Birthplace Finksburg Cerroll Co Md (Town, county, and state)	
1D. Usual occupation Farm Worker	moto askunchuse
†1. Industry or business	DUC TO. CONTROL OF THE CONTROL OF TH
	Other conditions
12. Name. William Snyder Gamber  13. Birthplace Carroll Co Md	PURCE CONTINUES.
Annia P Hainas	(Include pregnancy within 3 months of death)
14. Maiden name Annie R Haines  15. Birthpiace Finksburg Md  Mrs William L Gamber	Major findings of operations.
E 15. Birthplace Finksburg Md	Date of op.
16. Informant Mrs William L Gamber	Antopsy results.
Address Nicodemus Rd Reisterstown Md	PHYSICIAN: Please underline the cause in which death should be charged statistically.
5 1 3	22. VIOLENCE: ti death was due to external causes, till in the tollowing:
Burial Barial Bate thereot 4 pr 28 1948 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Deer Park Cemetery	Where did Injury occur?
Reisterstown Md	Injured at home, farm, Industry, public place (where?)
Location	Means of tnjury tnjured at work?
18. Funeral director. Wm Berryman & Sons	4 1 1100
Address Reisterstown Md	Jane & Galler
" an RFI	23. SIGN FOR A. D. or other
19. 4-27-19. 48. Mary J-Eline (Date rec'd by registrar)  (Registrar)	Address Daje signed



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03590

#### CERTIFICATE OF DEATH

Sinte. South Ball County (If outside city or town) (If outside city or	1. PLACE OF DEATH:	(For newborn infants give residence of mother)
City or town.  (If outside ray for complete some of particle of the control language town)  (If outside ray or committee, or street address where death accurred:  (If outside ray or town language town)  (If outside ray or tree town)  (If outside ray or town language town)  (If outside ray or tree town)  (If outside ray or town language town)  (If outside ray or tree town language town)  (If outside ray or tree town)  (If outsi	County & ALTO	
Siret No. C.	City or town 607 CHUMLEIGH KD	State County DACTO
Siret No. C.	(If outside city or town limits, write RURAL and give nearest town)	City or town STONELE IGH
Siret No. C.	How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
New long in hospital or institution?   2(a) Hardera, name war   3. (b) Social Security Number   3. (c) FULL NAME   A Second Security Number   4. Second Security Number   4. Second Second Security Number   4. Second Security Number   4. Second Second Security Number   4. Second Se	Hospital, institution, or street address where death occurred:	Street No. 607 CHUMLEIGHT KD
3. (a) FULL NAME  4. Sex  4. Sex  5. Color or race  6. (a) Single, married, widowed, or elevered  F. S. Color or race  8. (a) Single, married, widowed, or elevered  F. S. Color or race  8. (a) Single, married, widowed, or elevered  F. S. Color or race  8. (a) Single, married, widowed, or elevered  F. S. Color or race  8. (a) Single, married, widowed, or elevered  F. S. Color or race  8. (a) Single, married, widowed, or elevered  F. S. Color or race  8. (a) Single, married, widowed, or elevered  F. S. Color or race  8. (a) Single, married, widowed, or elevered  F. S. Color or race  8. (b) Secial Security Number  MEDICAL CERTIFICATION  15. Color or race  15. Color or race  8. (c) It alime, give age  9. To Second or race  15. Color or race  8. (c) It alime, give age  9. To Second or race  15. Color or race  8. (c) It alime, give age  9. To Second or race  15. Color or race  15. Color or race  15. Color or race  16. (b) Name of husband or wife  17. Sinth after or beath  18. Open or state of that I strended deceased from  18. A Color or race  19. A		(If rural, give LOCATION)
4. Sex	How long in hospital or Institution?	2.(a) It veleran, name war
4. Sex	3. (a) FULL NAME	3. (b) Social Security Number
6.(b) Name of husband or wife  5.(c) It alive, give age geographic and that I lost saw h 2 R alive on the date above stated; that I attended deceased from JAA 1.1 CERTIFF that death accurred on the date above stated; that I attended deceased from JAA 2.1.1 CERTIFF that death accurred on the date above stated; that I attended deceased from JAA 2.1.1 CERTIFF that death accurred on the date above stated; that I attended deceased from JAA 2.1.1 CERTIFF that death accurred on the date above stated; that I attended deceased from JAA 2.1.1 CERTIFF that death accurred on the date above stated; that I attended deceased from JAA 2.1.1 CERTIFF that death accurred on the date above stated; that I attended deceased from JAA 2.1.1 CERTIFF that death accurred on the date above stated; that I attended deceased from JAA 2.1.1 CERTIFF that death accurred on the date above stated; that I attended deceased from JAA 2.1.1 CERTIFF that death accurred on the date above stated; that I attended deceased from JAA 2.1.1 CERTIFF that death accurred on the date above stated; that I attended deceased from JAA 2.1.1 CERTIFF that death accurred on the date above stated; that I attended deceased from JAA 2.1.1 CERTIFF that death accurred on the date above stated; that I attended deceased from JAA 2.1.1 CERTIFF that death accurred on the date above stated; that I attended deceased from JAA 2.1.1 CERTIFF that death accurred on the date above stated; that I attended deceased from JAA 2.1.1 CERTIFF that death accurred on the date above stated; that I attended deceased from JAA 2.1.1 CERTIFF that death accurred on the date above stated; that I attended deceased from JAA 2.1.1 CERTIFF that death accurred on the date above stated; that I attended deceased from JAA 2.1.1 CERTIFF that death accurred on the date above stated; that I attended deceased from JAA 2.1.1 CERTIFF that death accurred on the date above stated; that I attended deceased from JAA 2.1.1 CERTIFF that death accurred on the date above stated.  Impediate case of death  Undertified that	MARY ELIZABE+	H GERMAN NO
20. DATE OF BEATH.  21. SERTHY that death occurred on the date above stated: that I attended deceased the deceased (mo. day, yr.)  22. Sees and that I last saw h 2. S. alive on APR 1 2. The same of death occurred on the date above stated: that I attended deceased the deceased (mo. day, yr.)  23. AGE: Years Months Days If less than one day  24. Months Days If less than one day  25. Months Days If less than one day  26. Intermediate cause of death  27. The same Due to	4. Sex 5. Color or race 6.(α)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
8. (c) Hame of husband or wife.  20. DATE OF BEATH.  21. I CERTIFY that death accurred on the date above stated: that I attended deceased through the cease of the date above stated: that I attended deceased through the cease of the date above stated: that I attended deceased through the cease of the date above stated: that I attended deceased through the cease of the date above stated: that I attended deceased through the cease of the date above stated: that I attended deceased through the cease of the date above stated: that I attended deceased through the cease of the date above stated: that I attended deceased through the cease of the date above stated: that I attended deceased through the cease of the date above stated: that I attended deceased through the cease of the date above stated: that I attended deceased through the cease of the date above stated: that I attended deceased through the cease of the date above stated: that I attended deceased through the cease of the date above stated: that I attended deceased through the cease of the date above stated: that I attended deceased through the cease of the date above stated: that I attended deceased through the cease of the date above stated: that I attended deceased through the cease of the date above stated: that I attended deceased through the cease of the date above stated: that I attended deceased through the cease of the date above stated: that I attended deceased through the cease of the date above stated: that I attended deceased through the cease of the date above stated: that I attended deceased through the cease of the date above stated: that I attended cease of the date above stated: that I attended cease of the date above stated: that I attended cease of the date above stated: that I attended cease of the date above stated: that I attended cease of the date above stated: the cease of death.  20. Lake I at the state I at the date above stated: the cease of death.  21. Lake I at the date above stated: the cease of death.  22. VIOLENCE: If death	F	U/22 1/05 P
5.(c) Halive, give age years deceased (no. day, yr.)  7. Birth date of deceased (no. day, yr.)  8. AGE: Years Months Days If less than one day 7 9 2 6 hrs. min.  9. Birthplace Day Town, eounty, and atate?  10. Usual occupation.  11. Industry or business  12. Name 2 12. Name 2 12. Name 2 13. Birthplace Day Town, eounty, and atate?  12. Name 2 12. Name 2 12. Name 2 13. Birthplace Day Town, eounty, and atate?  13. Birthplace Day Town, eounty, and atate?  14. Maiden name ELL 7 Annu Town, or passagal whiteh; Date thereof.  15. Birthplace Day Town Town Town Town Town Town Town Town	· W ONGLE	20. DATE OF DEATH
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day  7. 9 2 6 hrs. min.  9. Birthplace Ob MD Due to Due	S (h) Name of husband or wife	
8. AGE: Tears Months Days If less than one day  9. Birthplace		JAN 1948 10 April 27 1948
Second (mo., day, yr.)   Second (mo., day, y	5. (c) It alive, give age years	and that I last saw h S R alive on ADD 1 27 19 48
8. AGE: Years Months Days It less than one day 7 7 9 2 6 hrs. min.  9. Birthplace (Thwn. county, and state) 10. Usual occupation. E T. R.F. Due to. 11. Industry or business 12. Name. B T. R.F. Due to. 13. Birthplace B T. T. R.F. Due to. 14. Maiden name. E C. T. R.F. Due to. 15. Birthplace B T. T. R.F. Due to. 16. Intermant. M. S. Due to. 17. Replace B T. T. R.F. Due to. 18. Intermant. M. S. Due to. 19. Cemetery or oversation. Or passocial. Which?) 19. Date thereof. T. R.F. Due to. 19. Cemetery or oversation. Or passocial. Which?) 19. Date thereof. T. R.F. Due to. 19. Cemetery or oversation. Or passocial. Which?) 19. Date thereof. T. R.F. Due to. 19. Cemetery or oversation. Or passocial. Which?) 19. Cemetery or oversation. Or passocial. Which?) 19. Date thereof. T. R.F. Due to. 19. Cemetery or oversation. Or passocial. Which?) 19. Date thereof. T. R.F. Due to. 19. Cemetery or oversation. Or passocial. Which?) 19. Cemetery or oversation. Or passocial. Which? 19. Cemetery or oversatio		
9. Birthplace	8. AGE: Years   Months   Days   If less than one day	
9. Birthplace	77 9 26 hrs min	
10. Usual occupation.  11. Industry or business  12. Name		Mela preci to Sover
12. Hame BALTO CO MD.  13. Birthplace BALTO CO MD.  14. Maiden name ELIZ BALD FORMAN  15. Birthplace BALTO CO MD.  16. Intermant MB. Walter J Houle Bother Major findings of operations.  16. Intermant MB. Walter J Houle Bother Major findings of operations.  17. (Burial, cremation, or passagal, Which?)  18. Funeral director WALTER MAJOR Means of injury occur?  18. Funeral director WALTER MAJOR Means of injury injured at work?  19. Industry or business  Dither conditions Walter Mag S. Bother Mag S. Bothe	9. Birthplace	Due to
12. Name Balton	10. Usual occupation.	Oue to
12. Name Balton	11. Industry or business	
14. Maiden name. ELIZ AND. FOREMAN  15. Birthplace  16. Intermant MR. Walter J. Maiden soft operations.  16. Intermant MR. Walter J. Maiden soft operations.  17. BURING Bate thereof. 4/30/48  18. Elizabeth RD. Bate thereof. 4/30/48  19. Cemetery or oremalon. WRUID ROLLE AND ROLLE (Burial, cremation, or passayal, Which?)  19. Cemetery or oremalon. WRUID ROLLE AND ROLLE Bate thereof. Where did injury occur? (City or town) (County) (State)  19. Funeral director. What Tickness Sales and the following:  19. Sales and the following:  19. County (City or town) (County) (State)  19. Sales and the following:  19. County (City or town) (County) (State)  19. Funeral director. What Tickness Sales and the following:  19. Sales and the following:  19. County (City or town) (County) (State)  19. Sales and the following:  19. County (City or town) (County) (State)  19. Sales and the following:  19. County (City or town) (County) (State)  19. Sales and the following:  19. County (City or town) (County) (State)  19. Sales and the following:  19. County (City or town) (County) (State)  19. Sales and the following:  19. County (City or town) (County) (State)  19. County (City or town) (County) (State)		Other conditions Africation of large Bornel
14. Maiden name. ELIZ HAND. TORENDA Major findings of operations.  15. Birthplace BAITO Co. MD.  16. Intermant MR. WILLER J. H. (Brother Actors Fredits).  Address 607 C HUMLEICH RD.  Address 607 C HUMLEICH RD.  17. (Burial, cremation, or ramayal, Which?)  Cemetery or oremator JRUD R. D. C. (Gity or town)  Cemetery or oremator JRUD R. D. C. (Gity or town)  Location R. Funeral director Major findings of operations.  Actors findings of operations.  Major findings of operations.  Major findings of operations.  Major findings of operations.  Major findings of operations.  Actors findings of	Z 13. Birthplace BALTO CO, MD.	
16. Intormant MR. Welter J. H. (Briter - Actory Februs.)  Address 607 CHUNLEIGH RD.  17. (Burial, cremation, or passagel, Which?)  Cemetery or oremains. DRUID ROCK.  Location LES VILLE MR. (City or town)  18. Funeral director.  Actory Februs.  PHYSICIAN: Please woderline the caose to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, till in the following:  Accident, suicide, or homicide.  (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Means of injury injured at work?	page 17: maiden nameman	
Address 607 CHUNLEIGH RD.  17. BURIAL Bate thereof. 4/30/8 (Burial, cremation, or pamagal, Which?)  Cemetery or orematory DRUID ROCKE Where did injury occur?  Location RESUILLE MRD.  Accident, suicide, or homicide.  Where did injury occur?  (City or town) (County) (State)  Injured at home, farm, Industry, public place (where?)  Means of Injury  Address BALTO- DROCKE STRINGER ACCIDENT.  Actiopsy retails.  PHYSICIAN: Please uoderline the caose to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, till in the following:  Accident, suicide, or homicide.  Where did injury occur?  (City or town) (County) (State)  Injured at home, farm, Industry, public place (where?)  Means of Injury  Address BALTO- DROCKE STRINGER ACCIDENT.  Accident, suicide, or homicide.  Where did injury occur?  (City or town) (County) (State)  Injured at work?	15. Birthplace BAITO Co. MD.	
Address 607 CHUNLEIGH RD.  17. BURIAL Date thereof. 4/30/48 (Burial, cremation, or pamagal, Which?)  Cemetery or orematory DRUID ROCKE Where did injury occur?  Location LESUILLE MD Injured at home, farm, Industry, public place (where?)  Means of Injury Manna of Injury  Address BALTO- DAS ACIGNATURE Company Manna of Injury  122. VIOLENCE: If death was due to external causes, till in the following:  22. VIOLENCE: If death was due to external causes, till in the following:  (City or town) (County) (State)  Injured at home, farm, Industry, public place (where?)  Means of Injury  Address BALTO- DAS ACIGNATURE Company Manna of Injury  123. SIGNATURE Company Manna of Injury  124. SIGNATURE Company Manna of Injury  125. SIGNATURE Company Manna of Injury  126. SIGNATURE Company Manna of Injury  127. SIGNATURE Company Manna of Injury  128. SIGNATURE Company Manna of Injury  129. VIOLENCE: If death was due to external causes, till in the following:  120. VIOLENCE: If death was due to external causes, till in the following:  120. VIOLENCE: If death was due to external causes, till in the following:  120. VIOLENCE: If death was due to external causes, till in the following:  121. VIOLENCE: If death was due to external causes, till in the following:  122. VIOLENCE: If death was due to external causes, till in the following:  122. VIOLENCE: If death was due to external causes, till in the following:  123. SIGNATURE Company Manna death should be charged statistically.	MR WILLER J. H. 11 (BEOTHER-1	
22. VIOLENCE: If death was due to external causes, till in the following:    Commetery or overallow   County   County	10. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Cemelery or orematory  Location  Location  City or town)  (County)  (State)  Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?	Address 60 / CFIOM LECATOR.	22. VIOLENCE: If death was due to external causes, till in the following:
Cemelery or orematory  Location  Location  City or town)  (County)  (State)  Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?	(Burial cremation or removal, Which?)  Date thereot.   (Month) (day) (year)	Accident, suicide, or homicide
Location	Cemetery or oremator DRUID KIDGE	Where did injury occur? (City or town) (County) (State)
Address BALTO. DIS Means of Injury Injured at work?  Address BALTO. DIS 123 SIGNATURE S. C. Fost M. Q	LAND PIKESUILLE MD	
Address BALTO. DID 1 1 1 23 SIGNATURE L. C. Took M. W	111	Means of Injury Injured at work?
2 SIGNATURE / 1/23 SIGNATURE	(6. Fulleral ullectu)	104 Dr. O
	Address BALTO. M.D.	23. SIGNATURE J. C. Tosh M. Y
19. 19. 19 XX Albertary Advant 6805 World Road Bate signed A 128 48	19 V 30 19 XJ Alb Hedrich	M. D. or other

MARGIN RESERVED FOR BINDING

#### MARYLAND STATE DEPARTMENT OF HEALTH

1246 2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

2411 N. Cha	nartes St., Baltimore 1246
CERTIFICA	ATE OF DEATH Rog. Dist. No. 33
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Md County Baltimore  City or town Relsterstown (If outside city or town limits, write RURAL and give nearest town 322 Main St  (if rural, give LOCATION)  1.(a) If veleran, name war No
Sarah Elizabeth Baublitz Gill	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced M	MEDICAL CERTIFICATION  20. DATE OF DEATH. 4-26 21
6.(b) Name of husband or wife. Harvey Gill  6.(c) If alive, give age 68 year 7. Birth date of deceased (mo., day, yr.)  October 22 1883	
8. AGE: Years Months Days if less than one day 64 6 3min	Immediate cause of death 000
9. Birthplace Chestnut Ridge Balto Co Md (Town, county, and state)  10. Usual occupation Housewife  11. Industry or bysiness  12. Name Jacob Beublitz  13. Birthplace Chestnut Ridge Md  14. Maiden oame Elizabeth Phillis  15. Birthplace Baltimore Co Md	Due to
Address 6017 Falls Road Balto Md  17. Burial Date thereof April 28 194	Antopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistical  22. VIOLENCE: If death was doe to external causes, fill in the following:
(Burial (Burial, cremation, or removal Which?)  Cemetery or crematory. Druid Ridge Cemetery  Pikesville Md	Where did injury occur?
tB. Funeral director Wm Berryman & Sons Address Reisterstown Md	Means of Injury Injure at work?
19. 4-27- 19.48 Mary 3. Elika (Date rec'd by registrar)	Address Clio tees town M. D. or other



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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#### CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) Of (For newborn infants give residence of	F DECEASED:
county Baltimore				State Maryland Cou	m <sup>†</sup> w
City or town Fort Howard (If outside city or town limits, write RURAL and give nearest town)			GIRAL and give nearest town)	Politimone	
How long in above place of death?				City or town	, write RURAL and give nearest town)
How long in above place	or street address where	death occurre	d:		t
Vets. Adn	n. Hospital	F	Howard, Maryland	Street No[20Rathisey	
					1/
	or Institution?1.7	J11943.50		2.(a) It veteran, name war	
3. (a) FULL NAM	ME				3. (b) Social Security Number
	JC	HN F.	GORMAN		217-05-3/26
4. Sex	5. Color or race		le, married, widowed, or divorced	MEDICAL CI	ERTIFICATION
Male	White		Single		
Merre	MILLOS		Prugre	20. DATE OF DEATH APRIL 15,	1948 .5:00 P
		047-		21. I CERTIFY that death occurred on the date abo	eve stated; that I attended deceased from
6.(b) Name of husban	d or wife	Prugre		October 23.	47 10 April 15, 1948
		6.	(e) If alive, give ageyears	and that I last saw h.im _alive on _Apr	11 15. <sub>19</sub> 48
7. Birth date of	Ma	ルド	1971		
deceased (mo., day		Days	1 It less than one day	Immediate cause of death	
o. AGL.				Intravenous injection	n_of_diodrastSudden
	28 1	10	hrs. min.		
a substant	Baltimore.	Marvla	nd	Due to	
	Baltimore,				
18 Henry occupation	Counter	Man			
				Due to	
11. Industry or busine					Annmor
		ın		Other conditions Unexplained	nul monary Approx
13. Birthplace	Ireland			hypertension; extreme right heart; pulmonary	hypertrophy of 5 Yrs.
		Release	- BAHEN		
14. Maiden nam	e Nat gat ou	. Device L.		Major findings of operations	
≥ 15. Birthplace	virginia				Date of op
	inical Pac	mde T	ets. Adm. Hosp.	Autopsy results Substantiated	LAbove
				PHYSICIAN: Please underline the cause to w	hich death should be charged statistically.
Address PO.	rt Howard,			22. VIOLENCE: It death was due to external cau	uses, till in the following;
17 Bur	ial	Date the	reot apr 19, 1948	Accident, suicide, or homicide	
(Rurial cremation, or removal, Which?) [day] (year)			(month) (day) (year)	Accident, suicide, of nonicide	2 - Battimena Mid.
Cemetery or crematory Meadowridge			<i>Ge</i>	Where did injury occur?(City or town)	(County) (State)
Ones ha Taild				Injured at home, farm, Industry, public place (w	here?)
Location				Means at Injury injection of de	
1B. Funeral director	mi-nus.	y. W.	leifel + son	mount of injury	
	1 Edmond	HAM	ahes	MuxIII.	el la
Address	amon	C		23. SIGNATURE	M. D. or other
10 asil	17104	1	o w pears	1 lot Kal Ex	House & Abrildico
(Dake rec'd by	registraf)		O Registrar	Address	Valle Signed 90 b/9

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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#### CERTIFICATE

OF DEATH	Reg. Diat. No.
. USUAL RESIDENCE (HOM (For newborn infants give resid Md.	1E) OF DECEASED: ence of mother)  Baltimore
ity or town. Glena:	

(If rural, give LOCATION)

2 (a) EILL NAME	
How long in hospital or institution?	2.(a)

Butler, Sparks, Md.

(If outside city or town limits, write RURAL and give nearest town)

1. PLACE OF DEATH: Baltimore County

How long in above place of death?..... Hospital, institution, or street address where death occurred:

3. (a) FULL N	AME					
		HA	RRY 1	BONF	IELD	GORRELI
4. Sex	5. Colo	r or race	6.(a)Sir	igie, marrie	d, widowed, c	or divorced
M	An			Wid	ower	
6.(ŏ) Name of hus	band or wife	Rose	Virg:	inia	Gori	ell
7. Birth date of deceased (mo.,	day, yr.)					year:
8. AGE:		onths			ss than one	day
78		5	26		hrs.	min.
9. Birthplace  1D. Usual occupation industry or but the second sec	siness Ro Ma	tired bert rylan	B. Go	orre		
16. Informant	Mrs.	Virgi	nia I	Kess.	ler	
17. Bur (Burial, creme	ial	oval. Which?	Date th	nereof	4/5/4 (month)	(day) (year)
Cemetery or cre	В	altim	ore,	Md.		************************
18. Funeral direc	NOR'	RY SA	NDER	& SO	ONS,	INC
Address	MOIT.	TIL MV.	m • OC	DITO	ED MY I	

April 5 19 48 a. W. Hellick (Datfree'd by registrar)

2.(a) If veteran, name war	
3	3. (b) Social Security Number
	none
MEDICAL CERT	<b>TIFICATION</b>
20. DATE OF DEATH APril 2,	1948 <sub>19</sub> 2.30A
21. I CERTIFY that death occurred on the date above st	ated; that I attended deceased from
and that I last saw h. A.M. alive on	agril 1 19 48
Immediain cause of death	DURATION
Ling	
Due to	
	***************************************
Due to	***************************************
Bither conditions (Include pregnancy within 8 months	
Major findings of operations	
	Date of op
Autopsy results	death should be charged statistically.
22. VIOLENCE: If death was due to external causes,	till in the following;
Accident, suicide, or homicide	Date of
Where did injury occur?(City or town)	(County) (State)
Injured at home, farm, Industry, public place (where?	")
Means of Injury	Injured at work?
23. SIGNATURE Maurie C.	Cartinfield

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9 /

#### CERTIFICATE OF DEATH

			2	7
Reg.	Diet.	No.		G

1: PLACE OF DEATH:  Baltimore  Bounty	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
() (Ab . () . 13	State Maryland County Baltimore		
(If outside city or town limits, write RURAL and give nearest town)	1 adam motor		
How long in above place of death? 3 yrs.	(If ontside city or town limits, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred: 点也在老本 60 Murdock Road	Street No. 60 Murdock Road		
	(If rural, give LOCATION)		
How long In hospital or Institution? None	2.(a) If veteran, name war.		
3.(a) FULL NAME GRINNELL, milt	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male white married	20. DATE OF DEATH Of DEATH 1948 at 2 00 A.M.		
6.(b) Name of husband or wife Mary Florace Menende 7	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of 7. 3. 3. 7. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.	and that I ast saw h singlive on Ohil 77 19 X 8		
deceased (mo., day, yr.) February 15, 1890	Immediate cause of death DUBATION		
8. AGE: Years   Months   Days   If less than one day	Coronary Occhision 1 Kons		
58 1 23hrsmin.			
8. Birthplace	Due to Covormy arterioschrose i year		
10. Usual occupation. Field Engineer			
11. Industry or business Federal Communications	Due to.		
12. Name Belevise Williston Grinnell  4 13. Birthplace Washington Maine.	Other conditions		
E 14. Maiden name Laund E. Rose	(Include pregnancy within 3 months of death)		
E I I I I I I I I I I I I I I I I I I I	Major findings of operations.		
15. Birthplace Washington, Maine	Date of op.		
16. Informant Mrs. Mary N. Grinnell	Antopsy results.		
Address 60 Murdock Road	PHYSICIAN: Flease underline the cause to which death should be charged statistically.		
17 Burial Date thereof April 10, 1948	22. VIOLENCE: If death was due to external causes, fill in the following,		
17 Burial Date thereof April 10, 1948 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory	Where did injury occur? (City or town) (Connty) (State)		
Location Buffalo, N. Y.	Injured at home, farm, industry, public place (where?)		
18. Funeral director John O. Mitchell & Sons, Suc.	Means of injury Injured at work?		
Address 1900 Eutaw Place	Al Charlant		
19. april 8 19 OF Q W- Hellis	23. SIGNATURE M. D. or other 77 40		

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The estimated is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

PLEASE

BINDING

FOR

1. PLACE OF DEATH: Baltimore

# VS A15 9-45-15M PLEASE WRITE PLAINLY, WITH UNFADING INK. Suppliese viscosity in portant. Physicians: please v

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

.03596

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

#### CERTIFICATE OF DEATH

Reg. Diat. No.

City or town	Arbutus	imits, write RURAL and give nearest town)	Siate County County			
How long in above place of death?			City or town. (If outside city or town limits, write RURAL and give nearest town)  Street No. 4130 Wilkens Ave.  (If rural, give LOCATION)			
How long in hospital or	Institution?		2.(a) If veteran, name war			
3. (a) FULL NAME	L	ouisa Schleifer Hanft	3. (b) Social Security Number			
4. Ser Female	5. Color or race White	6.(a) Single, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION  20. DATE OF DEATH.  4-9- 19.48-21.1.30			
6.(b) Name of husband 7. Birth date of deceased (mo., day, y		dore M.				
8. AGE: Years 84		B If less than one day hrsmin.	Immediate cause of death  Wellerosclesothe Mayorar dikio  199			
1B. Usual occupation  11. Industry or business	Ferdinand	county, and atate)  Schleifer  Germany	Due to.  Other conditions			
<b>E</b>		Kaltenbach Germany	(Include pregnancy within 3 months of death)  Major fiadiags of operations			
16. Informant Mx	4130 Wi	de H. Walmer lkens	Autopsy results			
17. (Burial, cremation, Cemetery or cremato	or removal, Which Washi	Date thereof (month) (day) (year)  ngton D.C.	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide			
18. Funeral director	Wm. R.F.	Hines St. Washington D.C.	Means of Injury  Injured at work?  23. SIGNATURE  M. D. or other  Address. 5 4 1. Fullow are Date signed 4-9-45			

Dr. Morris B. Schrieber 3506 Ellament St.

2411 N. Charles St., Battimore

#### CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

Reg. Diat. No...

1. PLACE OF D			2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED:	
County Ba	Itimore Fort Howard	imite, write RURAL and give nesrest town)	stateMaryland	unty	
(II	f outside city or town li	imits, write RURAL and give nesrest town)	City or town Baltimore (If outside city or town limit	s write RIIRAL and give no	eerest town)
How long in above pla	or street address where	death occurred:	Sireet No. 3801 S. Hanover		
Vets. Ad	m. Hospital	, Ft. Howard, Maryland	Sireet No. (If rural, give	LOCATION)	
How tone in bosnitol	or inclination? 2 Da	ys	2.(a) It veteran, name war. SAW		V
			1 21(-) 11 10(10)	3. (b) Social Security	
3. (a) FULL NAI				5. (0) Social Security	Namber
		MUEL B. HARRISON			
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Male	White	Widower	20. DATE DE DEATH April 28,	19.48	
6.(b) Name of husbar	nd or wife Wido	wer	21. I CERTIFY that death occurred on the date ab April 26, 19.	ove stated; that I attended dec	eased from
7. Birth date of			and that t last saw h. i.m. alive on Api	cil 28.	19.48
deceased (mo., da)	y, yr.) 11-3-18		Immediate cause of death		
8. AGE: Yes	ars Months	Days If less than one day	Myocardial infarction	a	3 days
6	57 5	25min.			
9. Birihplace Baltimore Maryland (Town, county, and state)		Due to Coronary Occlusion			
		d			
			Due to		1
11. Industry or busin					
里 12. Name	amuel Harri Maryland	ison	Other conditions		
≦ 13. Birthplace	Maryland		(Include pregnancy within 3	months of death)	
# 14. Maiden nam	Mary Ann	Simmons	Major findings of operations		
E 15 Ririhniace	Mary Ann Maryland		Major hadiogs of operations.	Date of op.	
C	Plinical Par	cords, Vets. Adm. Hosp.			
16. Informant	Fort Howard	Warrana and	Actopsy resultsNoautopsy PHYSICIAN: Please underline the cause to w	hich death should be charge	d statistically.
Addless		44 . 4	22. VIOLENCE: It death was due to external ca		
1200 m	ion, or removal, Which	Date thereof May 1-48	Accident, suicide, or homicide		
(Burial, cremati	ion, or removal. Which	(month (day) layear)			
Cemetery or crem	atory United	sauce state	Where did Injury occur?(City or town)		
Location 750	edwick 1	ed Balto. Mid	injured at home, tarm, industry, public place (		
	mitte	Schilling	Meens of Injury	injured at work?	
18. Funeral director		2 -1000 N 25		4 10 3 3	
Address 3 9	14 71	anover SX 25	23. SIGNATURE Atmomen	yt.	
1. Charle	28 1110	Ida M. Whitens	23. SIGNATURE MANAUGH, M. AddressVAH, Ft. Howard, M.	D. Chief Proi	essional
(Date rec'd by	2.8 19.4.8 registrar)	Registrar	Address VAH Ft Howard Me	Date signer	4-28-48

ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and

WRIT

PLEASÉ

A15 S

BINDING

FOR

MARGIN RESERVED



MARGIN RESERVED FOR BINDING

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Chartes St., Battimore

03598

#### CERTIFICATE OF DEATH

eg. Dist. No.

1. PLACE OF DEATHS	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)	/
City or town. (If outside city or town limits, write RURAL and give nearest town)	State Mildle Gelle County Baltier	re/
2	City or town (11 outside city or town limits, write RURAL and give ner	
How long in above place of death?	Street No. 199 OF TIMES AFTER RURAL and give her	srest town)
	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war.	
3. (a) FULL NAME Sudie 6. Noch	Erick 3. (b) Social Security	Number
4. Sex 5. Color or race 6.(n) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	- 0 /
Jeruale Witerte Widowed	2D. DATE OF DEATH PLE	1 4:30 -
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated+ that I attended dece	11 0 11
	is a sure 1948 to a form	6 16 19 4
7. Birth date of deceased (mo., day, yr.)	and that I last saw h	19
8. AGE: Years Months Days If less than one day	Immediate cause of death	4224
88 10 9min	Julio Sinow	10 44
9. 8irthplace (Town, county, and state)	Due to	
10. Usual occupation Aucescure		
11. Industry or business Pet Aforece	Due to	•
= 12. Name Milliaus Battett	Bither conditions Julimmay Coolembe	1 week
13. 8irthplace maryland	(Include pregnancy within 3 months of death)	
H 14. Maiden name Russey Solle	Major findings of operations	
15. Birthplace Many land	major namings of operations	
18, Intermentalises . Of sayet of Picaro	Autopsy results	
Address 109. Ostrerue Det	PHYStCIAN: Ptease underline the cause to which death should be charged	statistically.
17. Auxial Date thereof Bel 20-48	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or removal Which?) (month) (day) (year)	Accident, suicido, or homicide	
Cemetery or crematory A. A. C.	Where did injury occur?	
Location Scholle Colonia Colon	Injured at home, farm, Industry, public place (where?)	••••••
18. Funeral director F. D. Stappett & Oak	Meane of Injury	
Address / 300 Geel and Place	23 SIGNATURE C NAVUCLUM	,
18 4-20 H8 CK Haling	114 - Was Alter St M.D.	or other
(Data rec'd by registrar) Registrar	Address 4/ TO // Water Bale signed	4/1/7

FINE RESERVED FOR BINDING

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03599

CERTIFICAT	E OF DEATH Reg. Dist. No. 25
1. PLACE OF DEATH:  County  City or town.  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, Institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State  County  City or town (If outside city or town limits, write RURAL and give nearest town)  Sireet No.  (If rural, give IOCATION)  2.(a) If veteran, name war
3. (a) FULL NAME Cora V. Nennema	3. (b) Social Security Number
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced  Ferrale White Widow	MEDICAL CERTIFICATION  20. OATE OF DEATH. CO. 2. 8 19.48 at .5.20 M. M.
6.(6) Name of husband or wife CALLY II. Status III. St	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  Attalian Land 19. 12. 19. 12. 10. 11. 12. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
9. Birthplace	Oue to alexander Distriction Due to
12. Name Valstruss  12. Name Valstruss  14. Malden name Elipa traderiek  15. Birthplace	Other conditions (Include pregnancy within 8 months of death)  Major findings of operations.
Address 6 // Orkington Road  16. Informant Standal L. Slimble Condition Road  17. Ohinal Date thereol. May 1 948 (Burial, cremation, or removal, Which?)	Antopsy results
Cemetery or crematory Westers	Where did injury occur?
18. Funeral director M. + Mis John W. Tenfol & Son Address 521 Edmondson Ave	Means of Injury Injured at work?
19 april 3 19 X8 A-W ) Lesis St. Registrar	23. SIGNATURE STUDIES CONTROL M. D. or other  Address: 400 M. Payron St. Dato signed 429/48

MARYLAND	STATE	DEPARTMENT	OF	HEALTH

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12	_				

Evidence for change of age MARILAND STATE DEPARTMENT OF HEALTH	
shown on:	
HIM NO. G 1 1 S JUN - 2 1946 INTY	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infapts give residence of mother)
	State Massachus County Auto
City or town (if outside city or town limits, write KUKAL and give nearest town)	City or town Allenner's Falian
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
	Streat No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
markila Her	son on
4. Sex 5. Color or race 6. (a) Single married, widowed, or divorced	MEDICAL CERTIFICATION
- Col widowed	20. DATE OF DEATH COLOR OF DEATH COL
6.(6) Hame of bushard or wife	21. I CERTIFY Ihal death occurred on the dale above stated; that I stjended deceased from
S.(c) If alive, give age years	19 10 10 19
7. Birth date of deceased (mo., day, yr.) Nec 23 (1887)	and that I last saw h
8. AGE: Years   Moeths   Days   If less than one day	Immediate cause of death DURATION 7 DEATH
1 1 60 min.	
9. Surprisce County midel County mid	Due to.
(Town, county, and state)	astern releasing unlyson
10. Usual occupation.	Due to
11, industry or business	
12. Name Usafén	Other conditions
₹ 13. Birthplace	(Include pregnancy within 8 months of death)
14. Maiden name School Advances	Major findings of operations.
S 15. Birthplace	Date of op.
18. lotormant Perecess Clarke	Autopsy results
Address 10/ Mars II	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burnel Date thereof Light of 1949	22. VIOLENCE: If death was due to axiarnal squises, fill in the following;
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetory or crematory	Where did Injury occur?
Location Land Land Land Land Land Land Land Lan	Injured at home, farm, industry, public place (whole)
18. Fuoeral director This Little Library	Moans of Injury Injured at work?
Address / 12917. Cantry St	Mrs Miss
	23. SIGNATURE.
19. April 7 19 48 A. W. Bellick Registrar	Address MMM to the Made sides of the

	0 1		CERTIF	ICAT	E OF DEATH
City or town(1f o	24 Dutton Catonsvill Ustaide city or town in of death? street address where	e Mar. mis, write h	Viand give nearest to	n)	2. USUAI. PESIDENCE (For newborn infants see State Maryland City or town Ciff outside city or town 24 Dut.  2.(a) If veleran. name war
	5. Color or race		e, married, widowed, or divorce		
4. Sei	W.		ried		M. Ap. Ap. Ap.
			s) If alive, give age29		21. I CERTIFY that death occur July 7.
7. Birth date of deceased (mo., day, )			2		and that I last saw h 110
8. AGE: Years	Months O	Days	If less than one day	min.	
10, Usuai occupation	Aupt.	*****************	& CO.		Due to pulmon mitra Due to rheumatic
至 12. Name					Dther conditions
置 14. Malden name.			e and		(Include pre
16. Informant	Wife			••••••	Actopsy resolts
Burial Date thereof May 1, 1948 (month) (day) (year)			22. VIOLENCE: It death was Accident, suicide, or homicide. Where did injury occur?		
Location Frederick Road			Injured at home, tarm, industr		
18. Funeral director			n	• • • • • • • • • • • • • • • • • • • •	Means of Injury
Address	6067 Hari	11	IN Hedre	2	23. SIGNATURE
19. (Date r/c') by re	egistrar) 19 18	/		Registrar	Address 3030 Edm

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)	
State Maryland County	?
City or town	and give nearest town)
Street No. 24 Dutton Avenue (If rurat, give LOCATION)	
2.(a) If veteran, name war	***************************************
3. (b) Soci	al Security Number
MEDICAL CERTIFICA	TION
2D. DATE OF DEATH April 28,	19.48 at 3 A. I
21. I CERTIFY that death occurred on the date above stated; that if  July 7., 19.47 10. Ap  and that I last saw h im alive on April 28.,	ril 28, 19 48
Immediate cause of death cardiac failur	
Due to pulmonary embolism	
mitral stenosis Due to rheumatic heart disease	
Dther conditions	
(Include pregnancy within 3 months of death	
Major fiediogs of operations.	
	of op
Aotopsy resolts	he charged statistically.
22. VIOLENCE: It death was due to external causes, till in the to	Howing:
Accident, suicide, or homicide	Date of
Where did injury occur?	nty) (State)
injured at home, tarm, industry, public place (where?)	
	af work?
23. SIGNATURE SLOSSO A Luy	ap MO.

Address 3030 Edmondson Ave. Date signed 4/29/48

#### CEDTIFICATE OF DEATH

CERTIFICA	Reg. Dist. No.	
1. PLACE OF DEATH: Balto	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State. County	
City or lown	0 01 -	
How long in above place of death?	City or town	₩n)
Sping In Stale Hop	Street No. S. O. S. (If rursi, give LOCATION)	
How long Indospital or Institution?	2.(a) If veteran, name war	V
3. (a) FULL NAME John a Hick	3. (b) Social Security Number	r
4. Sex   5. Color strace   S.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
In w direct	20. DATE OF DEATH Copies 18 1948 at 1	1-30
6.(b) Name of husband or wife	24 I CERTIEV that death and word on the date above stated. That I attended deceased from	m
6.(c) If alive, give age		
7. Birth date of A/O- (/ (G)/	and that I last saw halive on	19
8. AGE: Years   Months   Oays   If less than one day	Immediate cause of death 1	DURATION
36 1 7hrsmi	6 growing occlusion	
B Odned		***************
9. Birthplace(Town, county, snd state)	Due to	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
10. Usual occupation.	Oue to.	
11. Industry or business		
12. Hame black Bals wy	Other conditions	
	(Include pregnancy within 3 months of desth)	
14. Maiden name Marke Anna	Major findings of operations.	
15. Birthplace manyland	major radius of operations.  Oate of op.	
16. Informant	Aptopsy results	
Adorshing from Stell Hosp	PHYSICIAN: Please underline the cause to which death should be charged statistics	ally.
17 Behial Date thereof april 222/9	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation, or removal, Which?) (month) (dsy) (yesr)	Accident, suicide, or homicide	***********
Cemetery or crematory Morelands	Whers did Injury occur?	e)
Location Saylor ave,	Injured at home, farm, Industry, public place (where?)	
18. Funeral director. Leo S. looke.	Msans of Injury Injured at work?	1 11.
Address /40403 9. Putterson Park and	I for 11. Il cef	Me
1/6 1/	23. SIGNATURE M. D. or other	Ba
19. Office rec'd by registrar)  Registra	Br Address 1010 Reeds a Vate signed 4	-18-Y

BINDING MARGIN RESERVED FOR



2411 N. Charles St., Baltimore

03603

#### CERTIFICATE OF DEATH

Reg. Diat. No.

		CERTII ICH	E OI BERIII	Reg. Diat. No	durg
1. PLACE OF DE			2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED:	
City or town					
		State Maryland Con			
(If	outside city or town lin	its, write RURAL and give nearest town)	City or town Baltimore (If outside city or town limit		
How long in above plac	e of death?35L	lays			
dospital, institution, o	r street address where d	Ft. Howard, Maryland	Street No. 1710 W. Lanvale	Street	
4000 a.C.	25 T			LOCATION)	V
How long in hospital o	or Institution?22 1	ays	2.(a) If veteran, name war		
3. (a) FULL NAM	IE	1		3. (b) Social Securi	ty Number
,	HARRY	H. HILLERY		216-01-12	1,3
4. Sex	5. Color or race	6.(4) Single, married, widowed, or divorced	WEDICAL C	ERTIFICATION	4.2
	***		MEDICAL C.	ERTIFICATION	
Male	Colored	Married	20, DATE OF DEATHApril 13.	19/18	at 11:35
111	/// 3/ 7	14.3.3	21. I CERTIFY that death occurred on the date abo		
		lillery	March 9.		
7. Birth date of	72 25		and that I last saw h.imalive onApr		
deceased (mo., day,	****	Days   If less than one day	Immediate cause of death		
o. Add.			Peritonitis		Unknown
45	3	18min.			
Bal	timore. Mar	vland	Due to Carcinoma of Ston	ach with	4 weeks
		yland ounty, and state)	perforation		
10 Heural occupation	Laundry Wo	rker			
			Due to		*****
11. Industry or busine					*****
		7	Other conditions Metastases to		
13. Birthplac Washington, D. C.		lymph nodes and liver		Unknown	
ES .	Rehecca Cl	ark			
E 14. Maiden name	Dhada Talor	.3	Major fiedings of operations		
E 15. Birthplace	Rebecca Cl Rhode Islan	IQ .	***************************************	Date of op	
10 total C35	nical Pecos	ds, Vets. Adm. H. sp.	Autopsy results Substantiated	above.	
			PHYSICIAN: Please noderline the cause to w	hich death should be charg	red statistically.
Address E	fort Howard,		22. VIOLENCE: It death was due to external ca	uses fill in the following:	
17 Buria	1	Date thereof	Accident, suicide, or homicide		
Cemetery or crematory Baltimore National Cemetery		Where did injury occur?(City or town)	(County)	(State)	
	Baltimor	e, Maryland	Injured at home, farm, industry, public place (w		
Location		***************************************		Injured at work?	
18. Funeral director	Thomas K	elson	Means of Injury	Injuicu at WORK?	
	/ Baltimor		201 / 10.	1	
Address	/ 2011	01.11	23. SIGNATURE NC. Manaces		
10 4	1519 XS	> How Hedrick	H.C. MANAUGH, M.	D. Chief Pro	restional
(Date rec'd by	registrar)	Pigistrar	Address VAH, Ft. Howard, 1	d. Selle sign	eqtt-Tit-ft0

MARGIN RESERVED FOR BINDING

PDEASE

2411 N. Charles St., Baltimore

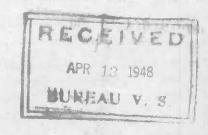
03604

CERTIFICAT	E OF DEATH Reg. Diat. No. 3.
1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED:
(If outside city or town limits, write RURAL and give nearest town)	State
How long in above place of death?  Hospital, institution, or street aduless where death occurred:	City or town (If outside city or town limits, write RURAL ond give nearest town)  Street No. 2 6 4 9 (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME mary Ida Hoff	man 3. (b) Social Security Number
4. Sex   5. Color or race (8.(a) Single, married, widowed, or divorced /// Lemale W. Wilow	MEDICAL CERTIFICATION  20. DATE OF DEATH. April 10/48 19
6.(b) Name of husband or wife all John Hoffman  6.(c) If alive, give age years	21. I CERTIFY that death occurred on the date above estated; that lattended deceased in 19.7 to 19.7 19.7.
7. Birth date of deceased (mo., day, yr.) Mch. 31, 1858.	and that flast saw h. E
8. AGE: Years Months Days If less than one day	Cardiae facilie 100g
9. Birthplace	Due to Branchopercumorio 2 days
10. Usual occupation Aone  11. Industry or business	Due to Cerabigh Lenistrage one collect
11. Industry or ousiness  12. Name Henry E. Gloom	Other conditions Ofference Queros Querolises
13. Birthpiace 21.1. Maiden name Unknown	(Include pregnancy within 3 months of death)
15. Birthpiace . M	Major findings of operations.  Bate of op.
16. Informan Nors Edivard Auga	Actopsy results
But 12/48.	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Whitehil)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur?
Location Harry H. Withle	Means of injury injured at work?
Address 4/0/ Edmondson auc	Milliamen" mD.
19. OARNI 1948 18 HONEY Registrar	Address 3325 Frederick are Bate signed 110/48
	pollo y ma

gorrest age

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9-45-15M A15 SA



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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimor

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e	15	120	
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#### CERTIFICATE OF DEATH

03605 eg. Diat. No. ....

ſ					
1. PLACE OF DE			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County			State Maryland County		
		its write RIIRAL and give nearest town)	Reltimone		
		oximately 3 Hrs.	City or town (If outside city or town limits, write RURAL s	nd give nearest town)	
Hospital Institution, o	r street address where de	ath occurred:			
Vets. Adm	. Hospital.	Ft. Howard, Maryland	Street No103N. Schroeder Street		
New long in bosnital of	or institution? Appro	ximately 3 Hrs.	2.(a) If veteran, name war.	V	
3. (a) FULL NAM				Security Number	
J. (d) POLL HAM			3. (0) Social	Deturny Number	
	MARK 1 5. Color or race	HOLLMAN  6.(a) Single, married, widowed, or divorced		1011	
4. Sex	5. Color of race	g.(a/Single, married, widowed, or districted	MEDICAL CERTIFICAT	ION	
Male	Colored	Married	20. DATE OF DEATH April 20.	19.48 at 10:30P	
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Ida Taura	B. Hollman	21. I CERTIFY that death occurred on the date above stated; that tat		
			April 20, 1948 10 Apr	il 20, 148	
7. Birth date of			and that t last saw him alive on April 20,	148	
deceased (mo., day.	yr.) ? 1900		Immediate cause of death	DURATION	
8. AGE: Year		Days If less than one day	Nephritis, chronic		
39	2	/hrsmin.	Cause, Unknown		
2			Due to.		
9. Birthplace	(Town, co	ounty, and state)	Due to	*************************	
1D. Usual occupation			Due to	***************************************	
11. todustry or busine		/	024 722-4-14	••••••	
12. NameP.	reston Holli	nan /	Dther conditions Cardiac Dilatation &	Unknown	
			Hypertrophy (Include pregnancy within 3 months of death)		
14. Maiden name Charlotte ?		?	Major findings of operations		
EO 45 Birthalan	?	• /			
			Carbotantiatad alama		
		ds, Vets. Adm. Hospital	Antopsy resultsSubstantiatedabove PHYStCIAN: Please underline the cause to which death should	ne charged statistically.	
Address Fo	rt Howard,	Maryland			
. Punio	1	Data thornal 1/27/10	22. VIOLENCE: If death was due to external causes, fill in the follo		
17 Burial Date thereof 1/27/48 (Burial, cremation, or removal. Which?)		(month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Eastview		W	Where did injury occur?	y) (State)	
			tnjured at home, farm, industry, public place (where?)	***************************************	
		Va.	Means of Injury Injured a		
18. Funeral director.	Elroy 0.	Wilson	1- 1	1 00	
Address	1000 Brantle	y Ave., Baltimore, Md.	Marson	re- min.	
VI	U	2 (1)	23. SIGNATURE Departy Medical Examiner	M. D. or other	
19. (Date rec'd by r	19	Registrar	Address Balto., Co., Dundalk 22, Md.	ate signed 4-21-48	
(Date lee o by t	ckinerar)	20081000	Nagi e a di nagi a di		

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1310

03606 Reg. Dist. No. ...30

#### CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County			State Maryland County Harford		
		sville			
		9 years. 11 months. 21 d	City or town Havre de Grace	nearest town)	
Hospitai, institution, or	street address where	e death occurred:	Street No.		
		e Hospital	(If rural, give LOCATION)	. /	
How iong in hospital or	institution?19	years, 11 months, 21 day	₹ €.(a) If veteran, name war	<i>V</i>	
3. (a) FULL NAMI			3. (b) Social Securit	ty Number	
	150	Robert L. Hopkins			
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	White	Married	2D. DATE DF DEATH April 9, 1918 19	at 10:30 Pm	
6 (h) Name of husband	or wife Ethel	M. Hughes	21. I CERTIFY that death occurred on the date above stated; that I attended do		
			April 30 1928 19 10 April 9	19.48	
7. Birth date of		6.(c) If alive, give age5.7years	and that I last saw him alive on April 9 19	4819	
deceased (mo., day, y		Days   If less than one day	Immediate cause of death Myocardial failure	DURATION	
o. non.				6 days	
56		3	Coronary sclerosis		
9. Birthplace Harford County (Town, county, and state)		unty , eounty, and state)	Generalized arteriosclerosis	ase "	
			Due to Hypertensive cordiovascular		
11. Industry or business	Agricu	ltural	renal disease		
12. Name William J. Hopkins 13. Birthplace Maryland			Dither conditions		
		rsythe	(Include pregnancy within 3 months of death)		
10	3		Major findings of operations		
≥ 15. Birthplace . :	Mary	Land	Date of op		
16. Informant	Hospital	records	Antopsy results		
Address			PHYSICIAN: Please underline the cause to which death should be charge	ed statistically.	
17. Burial, cremation,	/	Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation,	or removed. Which	(month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory. Tock Kuss (month) (day) (year)		olun	Where did Injury occur?	(State)	
		o. md.	Injured at home, farm, Industry, public place (where?)		
K	7/m. 1	in Mitalell	Means of Injury Injured at work?		
1B. Funeral director	1/1900	a mount	Isadore Just		
Address	foured	suce md.	23 SIGNATURE Isadore Tuerk, M. D.		
4/10/10	, 8	9/8. Harry	23. SIGNATURE ISAGOTO I WEIR, M. D. M. I	), or other	
19. 4/10/4 8 19 UE Harry (Dyle regol by registrar) Registrar		Registrar	Address Cat onsville, 28, Md. Date signe	4/10/48	



# 03647

#### CEDTICICATE OF DEATH

		CERTIFICAT	E OF DEATH	Reg. Dist. No.
1. PLACE OF DEA	Timore		2. USUAL RESIDENCE (HOME) Of (For newborn infants give residence of	F DECEASED:
Dundalk		State Maryland Cou	nty	
City or fown(If or	utside city or town lin	nits, write RURAL and give nearest town)	Dundalk	
How long in above place	of death?		City or town(If outside city or town limits	s, write RURAL and give nearest town)
Hospital, institution, or	street address where d	eath occurred:	Street No. 240 Curlew Co	aurt.
***************************************			(If rural, give	LOCATION)
How long in hospital or	institution?		2.(a) tf veteran, name war	
3. (a) FULL NAME				3. (b) Social Security Number
	Pobont W	eath Horne		
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CI	ERTIFICATION
			MEDICAL CI	2 14 1/J
Male	Col.	Separated	2D. DATE DF DEATH ARM	/ 19 4 8 at 11 - 9 M
		Beatrice N. Horne	21. I CERTIFY that death occurred on the date abo	ve stated; That I altended deceased from
6.(b) Name of husband	or wise		19	
7. Birth date of		6.(c) If alive, give ageyears	and that I last saw h all a nn.	19
deceased (mo., day, yr	May	22, 1918		
8. AGE: Years	Months	Days   If less Ihan one day	Immediate cause of Hath	J Mu -
29	11	hrs. min.	Vicht Issue	(1 -
			Tuyw 1300-p	<b>M</b>
9. Birlhplace	Monroe,	county, and atate)	Due to	
	Janit	) Z		
1D. Usuai occupation	OWITE	×	Due to	
11. Industry or business			,	
12. Name	Dock Hox	rne	Bther conditions	
13. Birthplace	N.C.		The second secon	
	Cannu Me	ccain	(Include pregnancy within 3 r	months of death)
14. Maiden name	Carry M	.C.	Major findings of operations	
15. Birthplace	2.1			
	lie Horn	3	Autopsy results	
16. Informant Jassa.	Curlew C	~ ~ 7 72 ob	PHYSICIAN: Please underline the cause to wi	hich death should be charged statistically.
		1/20/10	22. VIOLENCE: It death was to external cau	uses, till in the following:
Buria		Date Thereof	Accident, suicide, or homician UICId	
(Burial, cremation, or removal, Which?) (month) (day) (year)		Where did injury occur? URNENIS	STH- BALH Md.	
Cemetery or crematory Baltimore National			(City or town)	(County) (State)
Tryington. Md.			Injured at home, farm, Industry, public place (w	here?) Public Place
Location			Mans of Migry Self & 38 CAL.	Pistonbred at work? 200
1B. Funeral director	Erroy O.	Wilson		n (
Address 1000	Brantly	Ave.	1 1000	TWO MY
(1/3	48	KIS LO S.	23 SIGNATURE	un Bacquerry
19. (Date rec'd by reg	0 19	19 January	Address Diudan-	Dale signed +/V)1+X
(Date rec'd by reg	gistrar)	Registrar	Address	water signed and and an arrange of the same of the sam

WITH UNFADING INK. Supply every item of information carefull important. Physicians: please write the causes of death clearly and MARGIN RESERVED FOR BINDING

SA

19. (Daty rec'd by registrar)

FOR BINDING

MARGIN RESERVED

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICA	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
3. (a) FULL NAME	3. (b) Social Security Number
JOHN HARVEY	HOWARD
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE DF DEATH
8. (6) Name of husband or wife ELLA H. HOWARD  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day  9 hrs. min.  9. Birthplace BALTO CO. MD.  (Town, county, and state)  11. Industry or business  12. Name ORABLIUS H. HOWARD  13. Birthplace BALTO CO. MD.  14. Maiden name AANIE F. WARMS  15. Birthplace MONTOMERY CO. MD.	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from  19. 4. 10. 19.  and that I last saw h. 2 alive on 4. 2 k. 4. 4. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.
Address 6432 GILMOPT  17. Burl Date thereot (month) (ddy) (year)  Cemetery or Location C. A. D. A. L. S. TOWN  18. Funeral director M. J. L. C. N. E. R. Y. Son S.	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: It death was due to external causes, fill in the following;  Accident, suicide, or homicide
Address BALTO. M.D.  19. 4/29 48 PMALIA	23. SIGNATURE That I Charle M. D. or other W. D. 4-28

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

1. PLACE OF D	imore		2. USUAL RESIDENCE (HOME) OF DECE (For newborn infants give residence of mother)	ASED:	1,71.29
City or townFor	t Howard,	Maryland limits, write RURAL and give nearest town) Days	State Maryland County	・ルン 孝 / RURAL and give near	est town)
Vets. Adm	or street address where . Hospital	death occurred:  Ft. Howard, Maryland  Days	Street No.1133 Down St.  (If rural, give LOCAT: 2.(a) If veteran, name war.  WW-1	10N)	
3. (a) FULL NAM				) Social Security N	
PATRIC	K P. HUNT		26	67-05-8695	
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTII	FICATION	
Male	Negro	Widowed	20. DATE OF OEATH April 17	19 48	112:45A
6.(b) Name of husban	nd or witedece	ased	21. I CERTIFY that death occurred on the date above stated April 9 19 48 19 48 19 49 19 40 19 40 19 40 19 40 19 19 19 19 19 19 19 19 19 19 19 19 19	to April 17	19.48
deceased (mo., day	y, yr.) 11-211-9 ars   Months	Days   If less than one day   23	Immediate cause of death Cerebral Thrombosis	Γ	OURATION Unknown
9. Birthplace Au	burn, Alab	ama, county, and state)	Due to Hypertensive cardio-va		Unknown
tt. Industry or busin		<u> </u>	Due to		***************************************
質 12. Name Ja			Other conditions Carcinoma of cecum metastasis to regional lyn (Include pregnancy within 3 months of	n with	Unknown
t4. Maiden nam	Emma Le	ngrade	Major findings of operations Resection of cinoma; Appendectory	Cecum for	-48;4-9-
	inical Recort Howard,	ords, Vets. Adm. Hosp. Maryland	PHYSICIAN: Please underline the cause to which deat	th should be charged st	tatistically.
Buria (Buria)	on, or removal, Which	Date thereof. (month) (day) (year)		Cate of	
Cemetery or crema	Baltimo	re National Cemetery ore, Maryland	Whers did Injury occur?		
18. Funeral director	Charles F 802 Madiso	n Ave., Baltimore, Md.	1 meneral	Injured at work?	
		1/	23. SIGNATURE		

PLAINLY is especial PLEASE

MARGIN RESERVED FOR BINDING

H.C. MANAUGH, M.D. Chief Professional Ser.

Registrar

Address VAH, Ft. Howard, Md.

Oate signed L-19-L8 a. w.

Called It Howard for unfection Street.

They gave me Zone 1.

ars-577/18

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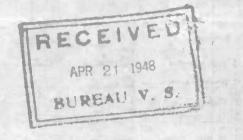
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infantagive residence of mother)
County Ballinge	State Maryland County Baltymore
Af outside city or town limits, write RURAL and give nearest town)	Centernal - VI
How long in above place of death? 4 Mo. Days	(If outside city or town limits, rite RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No
How long in hospital or institution? 4 mo 15 Days	(If rural, give LOCATION)
3.(a) FULL NAME	
Charles If	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorce	MEDICAL CERTIFICATION
Male Col. Widowed	20. DATE OF DEATH. 4/15- 1948, at 2 P. M
6.(b) Name of husband or wite Oquesta Shotter	21. I CERTIFY that death occurred on the date above stated; that I attended degreesed from
	19. 47. 10. 4. 1. 3. 19. 4.8.
7. Birth date of deceased (mo., day, yr.) May 4 - 1850	and that I last saw h
8. AGE: Years/   Months   Days   If less than one day	Immediate cause of deaths DURATION
9\$ 0 1)min.	( Paratote) 2440
or example and	Due to.
9. Birthplace (Town, county, and state)	Semily
10. Usual occupation. Jalones	Due to arterio eleves
11. Industry or business	
12. Name Fred Wright Ophilemen 13. Birthplace	Dther conditions
	(Include pregnancy within 3 months of death)
14. Malden name Francis Hussen  15. Birthplace	Major findings of operations.
15. Birthplace	Date of op.
18. Interment Baltimore Country Home Register	Autopsy results.
Address Zonas maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Burial Cremation, or removal, Which?)  Date thereof Apr. 17-19 48  (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Cockeysvelle, Maryland	Injured at home, farm, industry, public place (where?)
18. Funeral director Landon M. Blocks	Means of Injury Injured at work?
Address las las Mil.	Olilana & Ocean lax
11/11/11/11/11/11/11/11/11/11/11/11/11/	23. SIGNATURE M.D. or other
18. 4/15 1948 W/7 1. Whiteoor	Cochus sulle Ma 4/1.



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore
CERTIFICATE OF DEATH

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## 03611

Pag Dist No 70

			Reg. Dist. No	3
1. PLACE OF DEATH: County Baltimor	e	2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of		
City or town Catonsvi (If outside city or town How long in above place of death? 27	lle imits, write RURAL and give nearest town) days	State Maryland County Baltimore  City or town Baltimore—12  (If outside city or town limits, write RURAL and give nearest town)		
	ate Hospital			
	days	2.(a) If veteran, name war		***********
3.(a) FULL NAME	udia Hutchins		3. (b) Social Security	
4. Sex 5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
female white	widowed	20. DATE OF DEATH April 2	19.11.8	, at 7 s 2 0 g N
6,(b) Name of husband or wife	3. Walter	21. I CERTIFY that death occurred on the date about March 12 19.		
7. Birth date of		and that I last saw hC.2alive on	pril 2	19.], 8
deceased (mo., day, yr.) 186	Days If less than one day	Immediate cause of death		
80? ?	?hrsmi	Coronary sclerosis		
9. Birthplace	Dalto - ( md · county, and state)	Due to Generalized arteri	osclerosis	
1D. Usual occupation?	Hansenfe	Due to Arteriosclerotic h		
11. Industry or business ?	Im. Ruce	with airicular fib		
E	a 14 6 2 16	· Other conditions	***************************************	
	melded Cyclic	(Include pregnancy within 3 r		
0	and and	Major findings of operations		
	(38,000)			
16. Informant	al records	Autopsy results		
Ch.	ville-28, Md.	22. VIOLENCE: If death was due to external cau		statistically.
(Burial, cremation, or removal, Which?	Date thereof	Accident, suicide, or homicide		
Cemetery or crematory	ymalua.	Where did injury occur?(City or town)	(County)	(State)
Location nu	hleton mol-	Injured at home, farm, industry, public place (wi		
18. Funeral director	ude m. Burgh	Means of injury Douben Jus	Injured at work?	
Address	Jeans, ma	23. SIGNATURE Isadore Tuerl	k, M.D.	
19. Upril 2 1948 (Date rec'd by registrar)	WE Harry Registrs			

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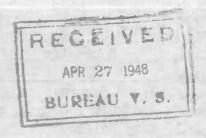
#### MARYLAND STATE DEPARTMENT OF HEALTH

1, 2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

03612 Reg. Diat. No. 30

1. PLACE OF DE.		more		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town	ella Ave. outside city or town li	Oella, mits, write F	Md	State Maryland County Baltimore  City or towa Oella  (If outside city or town limits, write RURAL and give nearest town)		
Now long in above place Hospital, Institution, or			rs:	Street No. Oella A	town limits, write RURAL and give ner Venue rurai, give LOCATION)	
How long in hospital or	institution?		•••••••••••••••••••••••	2.(a) It veteran, name war	None	
3. (a) FULL NAM	E	HARR	IET (HATTIE) ELIZ	A IGLEHART	3. (b) Social Security None	Number
4. Sex Female	5. Color or race White	6.(a)Singl	e, married, widowed, or divorced Widowed	MEDIC	cal certification  23 1948	st 5-P M
6.(b) Name of husband 7. Birth date of deceased (mo., day, y	T 3 0	6.(	e) It alive, give ageyears	Troy	he date above stated; that I attended dece	23 19.48
8. AGE: Years	Months	Days O	tf less than one dayhrsmin.	Immediate cause of death	heart descore	DURATION
9. Birthplace	Hous			Due to		
13. Birthplace	Montgomer	y Coun ley	ty, Maryland.			
16. Intermant Mi	ss Edna Ig	lehart	a. Maryland.	Autopsy results	ause to which death should be charged	.0
17. Buri	al or removal. Which?)	Date there	of April 26,1948. (mouth) (day) (year) Cemetery		external causes, till in the tollowing;  Date of  Or town) (Connty)	
18. Funeral director	Easton	Sons.	Mator Sous	Injured at home, farm, Industry, public Means of Injury	Injured at work?	
Address  19. Agril	ETTICOT		Maryland.	23. SIGNATURE Elli cest		or other 4/24/48



2411 N. Charles St., Baltimore

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CER 1		A THEFT	OF	DE	PRINT 1
	1171	. A I F.	UP	1 ) 14 2	

Reg. Diat. No. 30

1. PLACE OF DEATH: Baltanoole	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infant@give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State M. County Ballings te
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?	Gity or town
Hospital, institution, or street address where death occurred:	
7 Palysons Mil.	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Hovence J. 9	turna None
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widow	20. DATE OF DEATH 15 P.
6.(b) Name of husband or wife. A. M. Strand	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	MAKCh 1946 10 APKIL 3 1948
7. Birth date of deceased (mo., day, yr.)	and that I last saw here alive on MARCAN 19 F
8. AGE: Years Months Days If less than one day	Immediate causof death DURATION
75 6 13nrsmin.	
9. Birthplace (Town, county, and state)	Due to Corenary mufficure, 109rs
10. Usual occupation Both Madel Marie Company	Oue to atternolesson 1 97
11. Industry or business	
12. Name Andreas Dennes Dennes 13. Birthplace Manual Andreas	Other conditions Tulled Delivery
8 20: h 0 0:00	include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations.
21 15. Birthpiace recurrence of the state of	Date of op
16. Informant	Autopsy results
Address Muyson Mul. Laton	2)
(Berisl, cremation, or removes, Which?)  Date thereof life to	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Cometery or crematory Adda Bark	
Tielouisk Ma A A	Where did injury occur? (City or town) (County) (State)
Location Loc	Injured at home, farm, Ipdistry, public place (where?)
18. Funeral director	Means of Injury Injured at work?
Address 608 Herederick Are Catoust	23. SIGNATURE 29 LEW LEW LEW LEW
19. april 6 1948 U.S. Harry (Date rec'd by registrar)  Registrar	Address 3325 Tresoricules Bala signed 4/8/KV

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The construction is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

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Reg.	Diat.	No.	

The second secon						
City or town				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
				State Maryland County		
				City or town Baltimore (If outside city or town limits		
Hospital, Institution,	or street address where	death occurred:	mand Manuel and	Street No. 1733 Lancaster St	reet	
Vets. Adm. Hospital, Ft. Howard, Maryland How long in hospital or institution to Days				2.(a) It veteran, name war		V
				2.(a) It veteran, name war		
3. (a) FULL NAM					3. (b) Social Security Numb	-460
187		LES F.				
4. Sex	5. Color or race		married, widowed, or divorced		ERTIFICATION	
Male	White		Married	20, DATE OF DEATH April 16,	19.48 218.	:35 A
	Allu Tono	Tehnoon		21. I CERTIFY that death occurred on the date abo	ve stated; that I attended deceased tro	om
				March 3, 19	48 to April 16,	19.48
7. Birth date of			If alive, give age	and that I last saw h im alive on Apri	1 16,	19 48
deceased (mo., day			If less than one day	Immediate cause of death SUBACUTE	NEPHRITIS	DURATION
8. AGE: Yes		Days			Un	known
46	5 9	22	hrsmln.			
9. Birthplace Baltimore Maryland (Town, county, and state)				Due to		
10. Usual occupation	oriento To Je	<b></b>		Due to		
11. Industry or busin						
				Dther conditions		
3 13. Birthplace Baltimore, Maryland Catherine Anderson				(Include pregnancy within 3 a	months of death)	
# 14. Malden nam	catherine	Anders	on	Major findings of operations		
14. Malden name Catherine Anderson 15. Birthplace Baltimore, Maryland				Major hadings of operations		
				Autopsy resultsSubstantiated		
			ets. A.m. Hosp.	PHYSICIAN: Please underline the cause to w	hich death should he charged statisti	ically.
Address	Fort Howar		11/10/110	22. VIOLENCE: If death was due to external cau	ises, till in the tollowing;	
11Bur	al White	Date there	ot	Accident, suicide, or homicide	Date et	
Burial (Burial, cremation, or removal Which?)  Battimore National Cometery  Cemetery or crematory.				Where did Injury occur?(City or town)		
Cemetery or crematory  Baltimore, Maryland  Location  18. Funeral director Howard Blight, Jr.				(City or town) injured at home, farm, industry, public place (w		207
Location	Loward	1713	light L.		Injured at work?	
18. Funeral director	Howard B	light,	Jr.	Meens of Injury		
Address	1914 Belair	Rd., B	altimore, Md.	23. SIGNATURE WIT HELEW	1194. M/4).	
	0 .0 .1	0 0	01/1/1	23. SIGNATURE CONTINUE	M, D, or oth	er
19. apre	- / 9 19 T	1 a	W. Hedrech	Address VAH Fort Howard	Md. Date signed 4-1	6-48

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03615

### CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State County Clif or town Clif outside city or town limits, white RURAL and give nearest town)  Street No. (If rural, give LOCATION)  2.(a) If veteran, name war  3. (b) Social Security Number  MEDICAL CERTIFICATION  20. DATE DF DEATH 22.1. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.1. 19.4.  and that I last saw h C.C. allve on 2.1. Immediate cause of death DURATION
3. (a) FULL NAME  Emma Church John Son  4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  F. Colored Manued  6.(b) Name of husband or wife William H. Johnson  7. Birih date of deceased (mo., day, yr.)  Guy 1, 1868	MEDICAL CERTIFICATION  20. DATE DF DEATH A Silve on 19.4 5 15.15.  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.4 7, to 19.4 19.4 and that I last saw h. C.C. alive on April 6 19.5 19.5 19.5 19.5 19.5 19.5 19.5 19.5
Emma Church John Son  4. Sex  5. Color or race 6.(a) Single, married, widowed, or divorced  F. Colored Manuel  6.(b) Name of husband or wife William H. Johnson  6.(c) It alive, give age 7.7 years  7. Birth date of deceased (mo., day, yr.)  Chuy 1, 1868	MEDICAL CERTIFICATION  20. DATE DF DEATH
F. Colored Married  6.(b) Name of husband or wife. William H. Johnson  7. Birth date of deceased (mo., day, yr.) and deceased (mo., day, yr.) and deceased (mo., day, yr.)	20. DATE DE DEATH Opril 6 19.4 5 15.15.  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.4 7, to April 19.4 and that I last saw h) C.C. alive on April 6 19.5.
7. Birth date of deceased (mo., day, yr.)  Gug 1, 1868	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19. 4. 7. to Operat 19. 4.  and that I last saw h. C.C. alive on Operat 6. 18.5.
9. Birthplac Cape Charles (Town, county, and stave)	Due 10.
11. Industry or business  12. Name	Die to
13. Birthplace  14. Maiden name  15. Birthplace	(Include pregnancy within 3 months of death)  Major findings of aperations.
16. Informant Wn - H. Jahnson	Autopay results
Address  17	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Location Cast of Red Cockeypulle med	Injured at home farm, Industry, public place (where?)  Means of injury  Injured at work?
Address Sparls, Md  4-17  19. 19 Wilmer C. Ensor	23. SIGNATUR Elizabeth B. & hurill, M. I. and M. D. or other M. Or other



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

()3616 Reg. Diat. No. 32

1. PLACE OF DEATH: County. Baltimore City or town. CWings Mills City or town limits, write RURAL and give nearest town) How long in above place of death? 40 yrs Hospital, Institution, or street address where death occurred: How long in hospital or Institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Md. County Baltimore  City or town. Owings Mills (If outside city or town limits, write RURAL and give nearest town)  Street No. Garrison Road (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME Rachel A. Kneller	3. (b) Social Security Number None
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced   Female   White   Widowed	MEDICAL CERTIFICATION  20. DATE OF DEATH.  MEDICAL CERTIFICATION  19.48 21 8 A
6.(b) Name of husband or wife. Edward. D. Kneller  6.(c) If alive, give age	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19.4.8. to
Address Cwings Mills, Md.  Burial  (Burial, cremation, or removal, Which?)  Cemetery or crematory. Druid Ridge  Location Balto.Co.  18. Funeral director J.F. Eline & Sons  Address Reisterstown, Md.  19. 4 - 19 - 19 + 8 S. S. S. S. Registrar	Antopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide



2411 N. Charles St., Baltimore

03617

### CERTIFICATE OF DEATH

	4.	4	
Par Dist No			

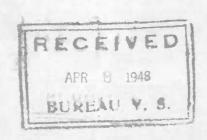
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Ballo	7 //7/
1 11 a Valle Ville	State Dallo County Dallo
City or town. (If outside city or town limits, write RURAL and give nearest town)	City or town Victory Villa
How long in above place of death?	(If outside bity of town limits, write RURAL and give nearest town)
Hospital, Institution, or stylet address where teath occurred:	Street No. 3/ Selfridge
3/ Selfrulge Ad	(If rural, glysLOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Solomon Korns	
4. Sex   5. Color of race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m Mc divorceel	G 1 1 2 P
///.	20. DATE DF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	March 1 1948 10 april 4 1948
7. Birth date of	and that I last saw h Manhalive on april 14 19 48
deceased (mo., day, yr.) well 14-1867	Immediate cause of death DURATION
8. AGE: Years   Months / Days   It less than one day	Gornary Shrandows Sulle
78 7° 70hrs.	min.
21.1.00	
9. Birihplace (Towp, county, and state)	Due to Multan Halland
(10wb, county, and state)	Chilles Varialar anna 2 yrs
10. Usual occupation	Due to
11. Industry or business	
12 Name Cernos Moons	Other conditions
10 10 0	
	/ (Include pregnancy within 3 months of death)
14. Maiden name Islany and Deleman  15. Birthplace Joule Co Peguna	Major findings of operations
5 15 Richardes Vanda Parma	Date of op.
16. Informant Mills. Harry J. Long	Autopsy results
Address 3/ Selfredge Nol	
1 1 4-0-48	
(Burial, cremation, or removal, Widch?)  (Burial, cremation, or removal, Widch?)	Accident, suicide, or homicide
( le sel Comiller	Where did injury occur?
Cemetery or crematory	
Location levina.	injured at home, farm, Industry, public place (where?)
18. Funeral director Harry 7. Sung,	Means of injury injured at work?
- 21 1/1 1 1/1 4.	D G an R
Address 131 V. Devaluay Test dion	23. SIGNATURE AS IN Muni gardiele
4-5-48 John D. Comel)	M. D. or other
19. (Date rec'd by registrar) Regis	trar Address Dallo 6 Mill Date signed 7-4-4-8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. M

MARGIN RESERVED FOR BINDING

9-45-15M

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

more 940

		No. 44	1
Reg.	Dist.	No	

03618

#### CERTIFICATE OF DEATH

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH  County  City or town.  City or town.  City or town limits, write KUKAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For no porn jefants give residence of mother)  State
How tong In hospital or tostitution?	2.(a) If veteran, name war.
3. (a) FULL NAME  6. (a) Seary  5. Golor, or the following the following of the following the follow	3. (b) Social Security Number  MEDICAL CERTIFICATION
Male White Married	20. DATE DE DEATH Poul 20: 19 /8 , 21 6 a M
6.(b) Name of husband or wife Olivaliae U. Tofable  6.(c) If alive, give age	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day	and that Plast saw h Lacalive on 19.25.  Immediate cause of death OURATION
5.1 6 14min.	Coronary Ochurion soday
9. Birthplace (Town, county, and state)  10. Usual occupation (AMM) Deletation	Due to.
11. industry or business (2) ethics M Stell 66.	Due to letters Corney
12. Name Offarles Argnyary	Other conditions
14. Malden name	Major findings of operations.
16. Informant Berling V. Nopple (2027)	Antopsy results
Address 6 24 6. M. Sparities M. Md.  17. Date thereof. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Cemetery or crematory	Where did Injury occur?
18. Funeral director. A.M. G. J.B. J.M.	Means of Injury Injured at work?
Address 217 St. July St.	23. SIGNATURE M. D. or other
19. (Date rec'd y' registrar) Registrar	Address 520 D & T. Op/T Date signed

WITH UNFADING INK. Supply every item of information carefully. The cyrrect age important. Physicians: please write the causes of death clearly and legible MARGIN RESERVED FOR BINDING

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2411 N. Charles St., Baltimore

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_	Dist	B.I.		. 1	0	

## CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF I		timore		2. USUAI, RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Maryland County  City or town Baltimore  (If outside city or town limits, write RURAL and give nearest town)		
City or town	If outside city or town	limits, write l	.e RURAL and give nearest town)			
How long in above of	ace of death?	2 month	s, 4 days	(If outside city or town limit	ts, write RURAL and give near	est town)
Nospital, institution,	or street address when	e death occurre	0:	Street No. Baltimore C		
Spring	Grove Sta	te Hosp	ital		e LOCATION)	
	1 - 110-112	2 month	s, 4 days	2.(a) If veteran, name war.		
		L IIIO				
3. (a) FULL NA		nio Lau	letta		3. (b) Social Security N	umber
4. Sex	5. Color or race	6.(a)Sing	e, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
male	white		widowed			
mare	WILLOC			20. DATE OF DEATH April 7	1948,	at12:25p.m
		2		21. I CERTIFY that death occurred on the date at	have stated: that I attended decease	ed from
6.(b) Name of husba	and or wife	, <del>.</del>		February 3		
			c) It alive, give ageyears			4 -
7. Birth date of				and that I last saw h.imalive on		19 <u>Ц.8</u>
deceased (mo., da			I less than one day	Immediate cause of death		DURATION
01 11001	ears Months	Days	II less than one day	Gangrene, fourth t	toe right foot	5 days
	72 ?	?	hrsmin.		,	
9. Birthplace 1D. Usual occupation	? (Tow		state)	Due to		indefinit
11, industry or busi	ness ?			***************************************		
H 12 Name	?	Laule	tta	Bther conditions		
12. Name	2	Man				
	-			(Include pregnancy within 3 months of death)  Major fiediogs of operations		
14. Maiden nai	me					
TO AF Bi-th-land	?					
≥ 15. Birthplace						
16. Informant	Hospi	tal rec	ords	Autopsy results		
			-28 . Maryland	PHYSICIAN: Please underline the cause to v	which death should be charged st	tatistically.
Address	Cator			22. VIOLENCE: Il death was due to external ca	auses, till in the following;	
17 Bu	uaf	Date the	reol 6-29-45 (month) (day) (year)	Accident, suicide, or homicide		
			· ~ ~ //	7		
Cemetery or crem	natory	9	The Hopelal	Where did injury occur?(City or town)	(County)	(State)
	NI	00	28 md	Injured at home tarm, industry, public place (		
Location		1 4	1		Injured at work?	
18. Funeral directo	Louis	Thom	e Horpital	Means of Injury	Injureo at work?	
	111	-:0 -	- (//	Dame	the same	
Address	alons	We 2	8 md	23. SIGNATURE Isadore Tues	rk, M.D.	
1 /- 9	9 4.	c 1	15 Narrie		M. D. or	
19. (Date rec'd by	7 registrar)	U.	Registrar	Address Catonsville-28	Md. Date signed 6	-28-48

WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# (13621) Reg. Diat. No. 42

#### CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County BALTIMORE	State MD County BACTIMORE		
Eily or fown	City or town		
How long in above place of death?			
Hospital, institution, or street address where death occurred:	Street No. 200 HILLS DAKE RD. (If rural, give LOCATION)		
How long in hospital or institution?	2.(a) if veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
MAUDE E	LAWSON		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Wioow	2D. DATE OF DEATH. A PRIC 5 19 48 21 /2 4 M		
6. (b) Name of husband or wife late HARTLEY LAWSON	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3 20 47 19 19 19		
7. Birth date of	and that I last saw h F. R. alive on A 4/14/48		
deceased (mo., day, yr.) No V. 30, 1875	Immediate sause of death arterioceleration DURATION		
8. AGE: Years   Months   Days   If less than one day	Cardio Vascular Discore		
72 4 15hrsm	n.		
9, Birthplace	Bue 10		
1D, Usual occupation.	Due to		
11. Industry or business			
12. Name			
	(Include pregnancy within 3 months of death)		
14. Maiden name	Major findings of operations		
E 15. Birthplace CANADA			
16 Informant MES MAUDE IRISH	Autopsy results		
Address 200 HILLSDALE RD	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
1000 15 40	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, or removal, Which?)  Date lhereof. (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory	Where did injury occur?		
Location EAST PEPPERALL - MASS,	Injured at home, farm, industry, public place (where?)		
18. Funeral director Harry of Witzhe	Means of Injury Injured at work?		
Address 4/0/ Elmonder dry	( William Donaherelu D.		
19. 4/15 19 XF A-W-/kduel	23. SIGNATURE ( Mashington Blod, Date signed 4/15/48		
(Date rec'd by registrar) Registr	Address A. Mare signed		

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /241

		U	3	U	2	1	,
Reg.	Diat.	No.	••••		4	7	5

#### CERTIFICATE OF DEATH

1. PLACE OF DEA	TH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
CountyBal	timore					
City or fown				State Maryland County		
(If outside city or town fimits, write KOKAL and give nearest town)			town,	City or town Baltimore (If outside city or town limits	write RURAL and give ne	arest town)
How long in above place	of death?	death occurred	i: ;	0/17 Bannadean A		
Vets. Adm.	Hospital	. F I	Howard, Maryland	Street No. 2011 Edmondson A	LOCATION)	
Hara land in bossitel on	Institution? ItC	Davs		2.(a) If veteran, name war		V
				21(2) 11 10(10)	3. (b) Social Security	N 1
3. (a) FULL NAME	THE					Mamost
					215-10-4732	
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	11	ERTIFICATION	
Male	White	5	Single	20. DATE DF DEATH April 29,	19 48	, 4:55 A
e (b) None of bushoud	ar wife St	ngle		21. I CERTIFY that death occurred on the date abo	ve stated; that i attended dec	eased from
				March 20, 19.	48 April 2	1940
7. Birth date of			c) it alive, give age years	and that f last saw h im alive on Ap	ril 29,	19410
deceased (mo., day, y				Immediate cause of death		
O. AGE.			If less than one day	Acute Hemorrhage		5 Hrs.
58	3 1	10	hrsmin.		***************************************	
9. Birthplace Bal	timore, l	arylan	atate)	Due to Rupture of Esopha		
1D. Usual occupation	Guard		***************************************	Due to Cirrhosis of live	5 Yrs.	
11. Industry or business						
- 10		12		Dither conditions		
I 12. manie						
				(Include pregnancy within 3	months of death)	
里 14. Maiden name.	Emma M. N	loge		Major findings of operations		
2 15. Birthplace	Baltimore	, Mary	land			
45 Jafannani C7	inical Rec	ords.	Vets Adm Hosp	Autopsy resultsNoautopsy PHYSICIAN: Please underline the cause to w		
Fas				PHYSICIAN: Please underline the cause to w	hich death should be charged	statistically.
Address	. 0 11011011 0.	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	MARY INTON	22. VIOLENCE: If death was due to external car	uses, fill in the tollowing;	
17 3V /2	JAL	Date the	(month) (day) (year)	Accident, suicide, or homicide	Date of	
(Burial, Cremation	or removal. While	AULS	CAM	Where did injury occur?(City or town)		
Cemetery or cremato						
Location	Male White Single  (b) Name of husband or wife Single  (c) Mame of husband or wife Single  (d) Birth date of deceased (mo., day, yr.) 3-19-90  (e) AGE: Years Months Days If less than one day 58 1 10 hrs.  (fown, county, and atate)  (fown		tnjured at home, farm, Industry, public place (w		************	
40 5	MRSC	400. L	2.8- Konde	Msans of Injury	tnjured at work?	
18. Funeral director	171	7	12/2 Pt	-		
Address	2327	FOMO	NDSON AVEN	23. SIGNATURE Occupanion H.C. MANAUGH, M. 1	50	
" X/30	) 10 X	8	Lis Hedrel	H.C. MANAUGH, M. 1	V. Chief Profe	essional
19. (Daty registrar) 19 Registrar				Address VAH, Ft. Howard, Md. Ser eate signed 1-29-18		

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

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		UV
Rog.	Dist.	No. 4X

u		
-	1. PLACE OF DEATH: Balto	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)
	County	State Md. County Balto.
	(If outside city or town limits, write RURAL and give nearest town)	City or town Bragisa
1	Now long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
V	Mospilar institution of street address where death occurred:	Street No. (If rural, give LOCATION)
	the state of the s	
	How long in hospital or institution?	2.(a) If veteran, name war
	Harry X. Lingery	3. (b) Social Security Number
	4. Sex 5. Color or race 6.(a)Single-married, widowed, or differed	MEDICAL CERTIFICATION
	male White Single	20. DATE DE DEATH afril 28th 1848 at 7.07P. M
l	6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
I		18.9 10 Jan 20 18 48
I	7. Birth date of	and that I last faw h Malive on 19.
-	deceased (mo., day, yr.)  8. AGE: Years   Months   Days   if less than one day	Immediate cause of death
	o. Aut.	Crebit Embrer 20 min
	69 10 29	
ĺ	9. Birthplace(Town, county, and state)	Due to Current of Juvillano 19
	10. Usual occupation. Engineer	Que to listera believe
	11. Industry or business City of Balto.	Carda. vasular duesse 4 yr
	= 12 Name 26 Fres 40 Ringen felder	Other conditions
1	12. Name DEMNYOThingen FERDEN Balto. Md.	
İ		(Include pregnancy within 3 months of death)
1	10	Major fiediogs of operations.
	1 Mars for the Co	Date of op
١	16. Informant W = W. Quigen ye Lar	Autopsy resolts
I	Address Slag wood Rd. Brugies, Bato. O. A	
l	17 Burial Date thereof 3/1/48	22. VIOLENCE: If death was due to external causes, fill in the following;
I	(Burial, cremation, of removal. Winch?)  (Burial, cremation, of removal. Winch?)	Accident, suicide, or homicide
	Gemetery or oremains Mostkand Fark	Where did Injury occur?
	Location Parknille md.	injured at home, farm, industry, public place (where?)
	11:01: Crok Suc	Means of Injury Injured at work?
	18. Funeral director	1 1 04 1.30
	Address 121/ St. Paul V.	23. SIGNATURE M. D. or other
	18 4/30 18 XO Am Hedux	11 /2 8/2 Very and 11/2 5/4
1	(Date fec'll by registrar)	Address Date signed Date signed

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(Date pec'd by registrar)

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

23. SIGNATUR

#### Reg. Dist. No ..

(County)

Injured at work?

(State)

M. D. or other

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DURATION

#### CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?.. Hospital, institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution? 2.(a) If veteran, name war. 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION ZIDLCERTIFY that down occurred on the date above stated; 7. Birth date of and that I last saw h. deceased (mo., day, yr.) 8. AGE: If less than one day ERMAN 9. Birthplace... (Town, county, and state) IVONE 10. Usual occupation. 11. Industry or business TO GNER (Include pregnancy within 8 months of death) Major findings of operations. 15. Birthplace SORENZ PHYSICIAN: Please underline the cause to which death should be charged statistically. ITOH D 22. VIOLENCE: If death was due in external causes, fill in the following; (month) (day) (year) Accident, suicide, or homicide.... (Burial, cremation, or removal, Which?) 03 Where did Injury occur? ..... (City or town) injured at home, farm, industry, public place (where?) ... Location Means of Inju

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PLEASE WRITE PLAINLY, WITH UNFADING INK.

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

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03624

×	1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
7	(a) Baltimore City, Maryland	(a) State Md 930 County / daltings
75/	(b) Street address 3 714 Annaholis Rd	(a) State Md 939 (b) County / daltings
7	(c) Hospital or institution:	(c) City or town Ballo
启言	(c) Hospital of Institution:	(If outside city or town limits, write RURAL and give town
care		(d) Street No. 3714 Annapolis R.
63	(d) Length of stay in hospital or inst. (yrs., mos., or days)	(a) Street No. (If rural give location)
be 1		(e) Citizen of foreign country?(Yes or No
	(e) Length of stay in Baltimore (yrs., mos., or days)	If yes, name country
should	3 (a) FULL NAME Mary Ellen La	rwman
clo	3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION 6.41
ormation death cl	No.	29. DATE OF DEATH Thail 23 1948 at 8 7.
m		29. DATE OF DEATH - 7/24 ~ 3 - 19/8, at 3 4.1
for		21. I certify that death occurred on the date above stated; that lattened
in	Tenule Whitz divorced. Widowed	ed deceased from 2/10 143, to 4-23 19/4
of	6 (b) Name of husband or wife hancio M. Lowmas	and that I last saw hely alive on 4-13 19 48
item	6 (c) If alive, give age years	
ite		Immediate cause of death Duration
	7. Birth date of deceased (mo., day, yr 67 41/187/	Ocule Cardeau Vailus de
Every	8. AGE: Years Months Days If less than one day	
H W	16 6 19 hr. min.	Due topper toppe and the topper
K. Se	9. Birthplace Md.	Bloth to be wear the
INK.	(Town, county, and state)	Due to Du
C P	10. Usual Occupation Domestics	prolect
NS.	11. Industry or business	Other Conditions
ADIN	# 12. Name Mack Biden	
FSIC	12. Name MACK Statu	(Include pregnancy within 3 months of death)
Z.	13. Birthplace	Date of operation
) H	14 Maiden Nam Sussann Randall	Major findings of operation: cause to which
it i	E 14. Maiden Name Mandall	dcath should l
WIT	15. Birthplace Md.	of autopsy: tically.
.0	16 (a) Informant Mary Hood	22, If death was due to external causes, fill in the following:
LY		(a) Accident, suicide, or homicide
ZA	(b) Address Then burni &	
PLATN ecially	17 (a) Ounca (b) Date thereof 4/27/40	(b) Date of occurrence
E 60	(Burial, cremation, or removal) (month) (day) (year)	(c) Where did injury occur? (City or town) (County) (State)
TE	(c) Cemetery or crematory Xoudon fars	(d) Did injury occur about home, on farm, industrial place, in publi
RI	Location Balto. M.	
e 8	18 (a) Funeral directof Villiam Cook Juc.	place?Vhile at work?
田島	10 (a) I uneral director.	(e) Means of in box
AS	(b) Address A land	23. Signature 1999 1 1004 ( aurs
田里	19 (a) 19 (20 1948 (2)	Charles All 114. D.
0	(Date rec'd by registrar)	Address Of A Comment of the Property of the signed of the

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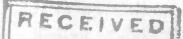
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 450

2. USUAL RESIDENCE (HOME) OF DECEASED:

## CERTIFICATE OF DEATH

1. PLACE OF DE	ATH: 1timore			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mether)			
City or town (If outside city or town limits, write RURAL and give nearest town)				State.MarylandCountyHowardCounty			
City or town (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 23 Days  Hospital, institution, or streel address where death occurred:  Vets. Adm. Hospital, Ft. Howard, Md.  How long in hospital or institution? 23 Days			Howard, Md.	City or tows Clemwood (If outside city or town limits, write RURAL and give nearest town)  Street No. 1000 (If rural, give LOCATION)			
3. (a) FULL NAM	IE.			3.(	b) Social Security N	umber	
	FRANK E.	LYLES		U	nknown		
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTI			
Male	Colored		Single	2D. DATE DE DEATH. April 7.	1248	11:40P	
6.(b) Name of husband		6.(	c) If altre, give ageyears	21. I CERTIFY that death occurred on the dale above states	that I attended deceas	ed from 19 48	
deceased (mo., day,	yr.) <b>9-19-1</b>	340	18-10	Immediate vause of death SQUAMOUS CEL	_	OURATION	
8. AGE: Year		bays	If less than one day	CARCINOMA ORAL REGION WIT	H PROBABLE	***************************************	
	7 6	18	hrsmln.	NETASTASES		1 year	
B. Birthplace. Day	ton, Maryla	end	state)	Due to		******************	
1D. Usual occupation	Unemployed	l		Due to	***************************************	***************************************	
11. Industry or busine	ss		7				
E			Warvland	Diher conditions Programme, secondary to above (Include pregnancy within 3 months of death)			
14. Maiden name Margaret Clark 15. Birthplace Baltimore County, Maryland 16. Informant. Clinical Records, Vets. Adm. Hosp.			Maryland	(Include pregnancy within 3 months of death)  Major findings of operations			
16. Informant. Clinical Records, Vets. Adm. Hosp			Vets. Adm. Hosp. ryland	Autopsy results	th should be charged at	tatistically.	
Dale Inereof (month) (day) (year)  Cemetery or crematory (Date of Control of			(month) (day) (year)	22. VIOLENCE: It death was due to external causes, till Accident, suicide, or homicide	(County)	(State)	
18. Funeral director.  Address  19. Obal	Eliel	t c	ty mod	23. SIGNATURE DA BOOM BOOM	releson.		



APR 12 1948

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MAR	UNFAI
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ountry	imore	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)		
How long In above place of death?	nsville wn limits, write RURAL and give nearest town) months, 21 days here death occurred: te Hospital months, 21 days	City or town Early Linore — 16— (If outside eity or town limits, write RURAL and give nearest town)  Street No. 1706 Braddish Avenue (If rural, give LOCATION)		
3. (a) FULL NAME		2.(a) It veteran, name war		
	Mary E. Madge	3. (b) Social Security Number		
4. Sex   5. Color or race  Female   White	6.(a)Single, married, widowed, or divorced  Married	MEDICAL CERTIFICATION  20. DATE OF DEATHApril 2, 1948 19 21 4:28 Pm		
deceased (mo., day, yr.)  8. AGE: Years Months	B.(c) If allve, give age	and that I last saw h. er. alive on April 2 1918 19  Immediate cause of death Acute dilatation of the DURATION 20 min		
	ore Maryland wn, edunty, and state) housewife	Due to Intestinal ileus - postoperative 2h hrs.		
11. Industry or business	home	_		
12. Name John Whi 13. Birthplace Unknown 14. Maiden name Harrie		Other conditions Arterioscleratic heart dis. Indefinity Hypertensive cardio-vascular " (Include pregnancy within 3 months of death)		
15. Birthplace Unknown	records	Major fieldings of operations Herniotomy - double postoberably epigastric hernia Date of op. 3/30/48  Autopsy results None held		
	28. Maryland	PHYSICIAN: Please underline the eanse to which death should be charged statistically.		
Address Gatonevi I A				

Means of Injury

23. SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH

03626

2411 N Charles St. Baltimor

2411	N.	Charles	St.,	Baltimore	4-6

03627

FRTI	FICA	TE	OF	DE	TH

eg. Diat. No.

	Nog. Dist. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
DUNTY SALTO FORTHERN PUE	Ra. T
or town	Ecc-4
long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Ital, institution, or street address where death occurred:	Street No. 530 SOUTHERN HUE - 34
	(If rural, give LOCATION)
long in hospital or Institution?	2.(a) It veteran, name war. Ww #
(a) FULL NAME	3. (b) Social Security Number
CHARLES HLBER	T MANNEL Yes
Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W MARRIED	20. DATE OF DEATH. 4 / 15 19 48 at 6 P
Visiting M Manue	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
b) Name of husband or wife VIVIAN M- MANNE.	21. I CENTIFT that open occurred on the date above stated; that I attended accessed from
S.(c) It alive, give ageyears	
irth date of eccased (mo., day, yr.) \\ \TuL. 16, 1896	Immediate cause of death DURATION
AGE: Years   Months   Days   If less than one day	
5-1 8 29min.	(Alluone D Hongel 200)
Bartings MD	
Birthplace SALTIMARE MD (Town, county, and state)	Due to
Isual occupation ELECTRICIAN	
dustry or business	Due to
2 Name PLBERT FREDERICK MANNE	
	Other conditions 2445
	(Include pregnancy within 3 months of death)
14. Maiden name BETHA KOSSA	Major findings of operations.
5. Birthplace SAXONY, GERMANY	Date of op.
ormant MRS. VIVIAN MANNEL	Autopsy results
1520 Santa Dur	PHYSICIAN: Please underline the cause to which death should be charged statistically.
ddress 030 ONTHERN THE	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial, cremation, or removal, Which?)  Oate thereof (month) (day) (year)	Accident, suicide, or homicide
1 DALL FERK	Where did Injury occur? (City or town) (County) (State)
<u> </u>	
ocation ALTINARS ATD	Injured at home, farm, Industry, public place (where?)
Funeral director Um. TICTUER TOMS	Injured at work?
dress FRALTIMORE. MD.	7110.7.
The state of the s	23. SIGNATURE James V. Wall M.W. D. or other
(Date ceed by registrar)	422 Esten Aug Belto. 21, rue 4/16/48
(Date recid by registrar) Registrar	11 Address Date signed

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PLEASE WRITE PLAINLY

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### MARYLAND STATE DEPARTMENT OF HEALTH P

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411	N.	Charles	St.,	Baltimore	9	3 d

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				4	4

#### CERTIFICATI

E OF DEATH	Reg. Diat. No.
2. USUAL RESIDENCE (HOM (For newborn infants give reside	E) OF DECEASED:
State Manuland	County
	n limits, write RURAL and give nearest town)
Street No	n Street
2.(a) If veteran, name warSAW	
	3. (b) Social Security Number
	Unknown
MEDICA	L CERTIFICATION
20 DATE DE DEATH ADRIL 8.	1948 3:00 A
	late above stated; that I attended deceased from
	19 48 to April 8, 1948
	pril 8, 1948.
Immediate cause of death	
MYOCARDIAL FATILE	E 2 week
Due to	
***************************************	
Oue to	
Other conditions Arterioscle	rotic Heart
Disease	2 yrs.
Arteriosclerosis,	thin 3 months of death) generalized 2 yrs.
Actory result. No Autopsy	
22. VIOLENCE: If death was due to exte	rnal causes, fill in the following;
Accident, suicide, or homicide	
	town) (County) (State)
Injured at home farm, industry, public p	
Maans of Injury	Injured at work?
23. SIGNATURE. A. M. B.	usleson m.D.

Address VAH Fort Howard, Md. Date signed 4-8-48

information carefull of death clearly and d PLAINLY, V is especially WRITE SE

1. PLACE OF DEATH:

3. (a) FULL NAME

Male

6.(b) Name of husband or wife.

deceased (mo., day, yr.)

10. Usuai occupation....

11. Industry or business

Address

12. Name Patrick
13. Birthpiace Ireland

14. Maiden name Mary
15. Birthplace England

8. AGE:

Baltimore

Hospital, institution, or street address where death occurred:

5. Color or race

9. Birthplace Baltimore Maryland (Town, county, and state)

12. Name ..... Patrick McCabe

14. Maiden name Mary Loftis

17. Burial (Burial, cremation, or removal, Which?)

Location Baltimore, Md.

(Date rec'd by registrar)

18. Funeral director .... Bernard C ... Harle

Unemployed

White

How long in hospital or institution?..... 2 Days

Fort Howard

(If outside city or town limits, write RURAL and give nearest town)

BENJAMIN P. MCCABE

6.(a) Single, married, widowed, or divorced

If less than one day

Widower

Vets. Adm. Hospital, Ft. Howard, Maryland

April 6, 187

16. Informant Clinical Records Vets Adm. Hosp. Fort Howard, Maryland

Cemetery or crematory ... Baltimore .. National .. Cometery

121 E. West St., Balto., Md.

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# 03629

#### CERTIFICATE OF DEATH

E OF DEATH	Reg. Dist. No.
2. USUAL RESIDENCE (HOME) OF D (For newborn infants give residence of mot	ECEASED:
State Md County	R-04.
City or town	rite RURAL and give nearest town)
CITALI IIV	CATION)
2.(a) If veteran, name war	
	3. (b) Social Security Number
Cauley	
MEDICAL CER	1 - 46
20. DATE OF DEATH. Chril 197	
21. I CERTIFY that death/decyrred on the date above	tated; that I attempted deceased from
	10 00 100 19
and that Mast saw h	UL 16 (
Immediate cause of death	DURATION
Coronary a	chung- laden
Due to.	
T Hybrid	well will .
Due to	
Dther conditions	
(Include pregnancy within 3 men	the of death)
Major findings of operations	Date of op.
	Date of op.
Antopsy results	death should be charged statistically.
22. VIOLENCE: If death was due to external causes	
Accident, suicide, or homicide	Date of
Where did Injury occur?(City or town)	(County) (State)
Injured at home, farm, Industry, public place (where	
Means of Injury	Injured at work?
10/ 1 1	001110

1. PLACE OF D	EATH Ball	1		
County	/Jall	0.		
Oliv i		lowso	21	
City or town(If	f outside city or towr	limits, write RU	RAL and give nearest	town
How long in above pla	ce of death?			
Hospital, Institution,	or street address when	re death occurred:	0	
>>444444	260	Kidg	E ave	
How long in hospital	or institution?			*******
3. (a) FULL NAM	MIE C		16 0	-
	Cli	14/167	h ann	1
4. Sex	5. Color or race	S.(a)Single	married, widowed, or dive	weed
0 1	1100		100	
Juneala	White	- 4	lidowed	
	Co	10	me C.	1
6.(b) Name of husban	nd Samue	( ) .	"" " "WWX	7.4
	************************	6.(c)	If alive, give age	
7. Birth date of	211			
deceased (mo., day			182/	
8. AGE: Yea	ars Months	Days	If less than one day	
91	1	2	hrs	
-/-	3	n not	201	
9. Birthplace		n, county, and at	INA.	
			acc)	
1D. Usual occupation	n	House		
44 Industry or busts	222	at 2	oruz	
11. Industry or busin	-11 -11	0 P	911.1.	
143 1	Mashauc	2 4	Mules	
至 12. Name		- 1	1 3201	
12. Name		Ball	5 md.	
12. Name	211-	Ball	Dunden	
12. Name	ne Mary	Bal	Purden	
12. Name	ne Mary	Ball Bal	Purden Of md	
8	/	Ball P. J	Purden	
12. Name	Mary C	Ball P. Bal Bal R. Sa	Purden	
14. Maiden nam 15. 8irthplace	Mary C		Purden	4
14. Maiden nam 15. 8irthplace	Mary C	1	Purden to md efner	4
14. Maiden nam  15. Birthplace  16. Informant  Address	Mary C Ob Riversial		Purden  to Md  elfury  our- low  4/2 2	184
14. Maiden nam 15. 8irthplace	Mary C Ob Riversial	dge G	Purden to Md elfner Ove-Town	184
14. Maiden nam  15. Birthplace  16. Informant  Address	Mary C DE Riversial	dge G	Purden  to Md  elfury  our- low  4/2 2	184
14. Maiden nam 15. 8irthplace 16. Informant Address 17. But (Burial, oremetic	Mary C DE Riversial	dge G	Purden  to Md  elfury  our- low  4/2 2	184
14. Maiden nam 15. 8irthplace 16. Informant Address 17. But (Burial, oremetic	Mary C D 6 Riversial Williams	dge Control Date there H Old Lto	Purden  to Md  elfury  our- low  4/2 2	184
14. Maiden nam  15. Birthplace  16. Informant  Address  17. Burial, oremetic Cemetery or crem  Location	Mary C DE Riversial Vision Vis	dge G	Purden  to Md  elfury  our- low  4/2 2	184
14. Maiden nam  15. Birthplace  16. Informant  Address  17. But (Burial, overment)  Cemetery or crem	Mary C DE Riversial Vision Vis	dge C  Date there  H Oli  Liam	Punden  16 Md  16 Md  16 Md  10 Mg  1	184
14. Maiden nam  15. Birthplace  16. Informant  Address  17. Burial, oremetic Cemetery or crem  Location	Mary C DE Riversial Vision Vis	dge C  Date there  H. Oli  Lto.  Liam	Purden  to Md  elfury  our- low  4/2 2	184
14. Maiden nam  15. Birthplace  16. Informant  Address  17. But (Burial, overmet)  Cemetery or crem  Location  18. Funeral director	Mary C DE Riversial Vision Vis	dge C  Date there  H Oli  Liam	Punden  16 Md  16 Md  16 Md  10 Mg  1	184
14. Maiden nam  15. Birthplace  16. Informant  Address  17. But (Burial, overmet)  Cemetery or crem  Location  18. Funeral director	Mary Colors Riversial Rive	dge C  Date there  H Oli  Liam	Punden  16 Md  16 Md  16 Md  10 Mg  1	184

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:  County Baltimore County  City or town Essex  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State. Maryland County Baltimore  City or town. Essex (If outside city or town limits, write RURAL and give nearest town)  Street No. 705 Franklin Avenue		
705 Franklin Avenue  How long In hospital or Institution?	(If rural, give LOCATION)  2.(a) If veteran, name war.		
3.(a) FULL NAME  JOHN H. Mc CLELLAND	3. (b) Social Security Number ?		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  Male White Widowed	MEDICAL CERTIFICATION  20. DATE OF DEATH. April 29 th. 19.48 21.9:00 P.M.		
6.(b) Name of husband or wife Emma Mc Clelland  5.(c) If alive, give age years  7. Birth date of deceased (mo., day, yr.) April 15, 1871	21. I CERTIFY that death occurred on the dato above stated: that I attended deceased from  1975 to 200 29 19 75  and that I last saw h 200 alive on 29 19 75  Immediate cause of death OURATION		
8. AGE: Years   Months   Days   If less than one day   77   O   14	Immediate cause of death OURATION / day		
9. 8Irthplace Baltimore Martland (Town, county, und state)  10. Usual occupation Engineer Fireman  11. Industry or business  2 12. Name John A.Mc Clelland  13. Birthplace Maryland	Oue to		
14. Maiden name ?	(Include pregnancy within 3 months of death)  Major findings of operations		
Address 705 Franklin Avenue Essex  17. Burial Oate thereof 5 3 1948.  (Burial, cremation, or removal, Which?)  Cemetery or crematory. St. Matthia Cemetery  tocation O'Donnell Street Baltimore  18. Funeral director Lilly & Zeiler Inc,  Address 1901 Eastern Avenue Balto. 31	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		

eorrect age

PLEASE

Dr. Jacobs Francisco Branton Hora 30 Jaluan Villa

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PLEASE

#### MARYLAND STATE DEPARTMENT OF HEALTH

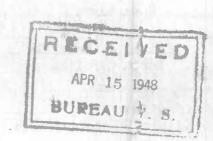
2411 N. Charles St., Baltimore

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## CERTIFICATE OF DEATH

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	The state of the s		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASI (For newhorn infants give residence of mother)	ED:	
County Baltimore	State North Carolina County		
City or town. (If outside city or town limits, write RURAL and give nearest town)	T. county	***************************************	
How long in above place of death? 149 days	City or town Laurinburg (If outside city or town limits, write RUR	AL and give nearest town)	
Hospital, Institution, or street address where death occurred:	Street No. Rt.#1		
V.A.H. Fort Howard, Maryland	(If rural, give LOCATION)		
How long In hospital or institution? 149 days.	2.(a) it veteran, name war	······································	
3. (a) FULL NAME	3. (b) S	ocial Security Number	
LUTHER J. McDUFFIE	Uni	known	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFIC	CATION	
Male Negro Single	20. DATE DF DEATH April 9	19 48 21 4:30	
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; th	at I affended deceased from	
5.(0) Name of husband of wife	November 11 19.47 50.4	April 9 19 48	
7. Birth date of Name 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	and that I last saw him alive on April 9	19.48	
deceased (mo., day, yr.) March 1/91924	Immediate cause of death		
8. AGE: Years Months Days It less than one day	Wiliary Tuberculosis	Unknown	
24 0 22hrsmin.			
9. Birthplace Bennettsville, N.C. (Town, county, and state)	Due to		
10. Usual occupation. Unemployed	Due to		
11. Industry or business			
12. Name Luther J. McDuffie	Other conditions Sarcoidosis	Unknown	
13. Birthplace North Carolina	(include pregnancy within 3 months of de		
14. Maiden name	Major findings of operations.		
45 Birthalace	Major hadings of operations.		
	Autopsy results. Substantiated above	pare of op	
16. Informant Clinical Records, Vets. Adm. Hesp.	PHYSICIAN: Please underline the cause to which death sh	ould be charged statistically.	
Address Fort Howard, Maryland	22. VIOLENCE: If death was due to exfernal causes, fill in th		
(Burial, cremation, or removal, Which?)  Oate thereof (Month) (day) (year)	*Accident, suicide, or homicide		
Cemetery or crematory Body shipped to Laurinburg, N.			
Location	Injured at home, farm, industry, public place (where?)		
1B. Funeral director. Charles R. Law	Means of injury Inju	ured at work?	
802 Madison Ave., Balto, Md.	Dun n	/A F 1/4 ( F)	
Address	23. SIGNATURE R.W. YOUNG, M. D.	M. D. or other	
19 (1pms 10. 19 4 8 ) awam to . Hard	TO W. LOUNG, M. D.	M. D. or other	
(Dave rec'd by registrar) Registrar	Address V.A.H. FT. HOWARD, MD.	Date signed	



2411 N. Charles St., Baltimore

03632

#### CERTIFICATE OF DEATH

51

CERTIFICAT	E OF DEATH	Reg. Diat. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n  State	nother)  Altrice
Hospital, inslitution, or street address where death occurred:  How long In hospilai or Institution?	Street No	LOCATION)
3. (a) FULL NAME Ethel McGowan		3. (b) Social Security Number
4. Star  5. Color or race   6.(a) Single, married, wildowed of divorced  F. Willowed.	MEDICAL CE	RTIFICATION
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the gate above  August  and that I last saw h. e. t. alive on	46 A ptil 1048
deceased (mo., day, yr.)   Sept. 8   1901	Immediate cause of death  Cerebral a	OURATION
9. Birthplace Washington Co. Manufacel  (Town, country, and state)  10. Usual occupation.	Due to Hypertensi	erosis ?
11. Industry or business  21. Name	Other conditions Diabetes M	Ielliky-Mild 14+
14. Maiden name Georgianna Easterday Wash 6. md.	(Include pregnancy within 3 m	
16. Informant 9. Frank Ensemble Sparker, Mayford	PHYSICIAN: Please underline the cause to whi  22. VfOLENCE: It death was due to external caus	ch death shoold he charged statistically.
(Burial, cremation, or removal, Which?)  Cemelery or crematory	Accident, suicide, or homicide	
Location Bornshow Wash Go, Myd.	Injuged at home, tarm, Industry, public place (who Meens of Injury	
Address Sparles, Md.  18. Ept/2 19.48 Wilnes CEnsor	23. SIGNATURE halfi T.  Address Cockeys ville	M. D. or other  4.11-48
(Date rec'd by registrar) Registrar	Address Cockey 5 01116	Date signed

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# CERTIFICATE OF DEATH

03633

Reg. Dist.	No. 4

City or lown	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newboru infants give residence of mother)  State  County  City or town  (If outside city or town limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Sarah Ellen McMillan	
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale white widowed	20. DATE OF DEATH 15 Ceptral 1948, at 3:45 A. M
6.(b) Name of husband or wife of An Amelian McMillan  7. Birth date of deceased (mo., day, yr.) Nov. 4 1882	21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from  5. Section 1947, to 5. Syrul 1948  and that I last saw h and alive on 15. Open 19. E.S.
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION Carcin on a of winary bladler year
9. Birthplace Johns Town - ambina Co - Pennsylvan. (Town, county, and state)	Due to
10. Usual occupation for semile	Due to.
11. Industry or business  12. Name John Jeekson  2 13. Birthplace Johnstown / a	Diher conditions
14. Malden name Ellan Pents of B 15. Birthptace Johnstown Pa	Major findings of operations
\$ 15. Birthplace Shubtown / a	Date of op.
18. Informant Manager of the Command	Autopsy results
Address 100 2 H St., Sp. Pourt 22  17. Givial (Burial, cremation, or removal, Which)  Cemetery or crematory  Location  Johnstown  Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
18. Funeral director John Q. Moran Address 3,000 E. Balt. St.	Means of Injury Injured at work?
19. The Registrar Dhy Registrar Dhy Registrar	23. SIGNATURE DU HOCLO M. D. or other  Address 8 Dices ty as Duay Date signed 5 cepts 48

2411 N. Charles St., Baltimore

03634

#### CERTIFICATE OF DEATH

g. Dist. No.

CERTITION	Reg. Dist. No.
City or town. (If orriside city or town lithits, write RURAF and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Siate County County County County City or town (If outside city or town limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME  Lucley Ceclia Mer  4. Sex   5. Color or rate   6. (a) Single, married, widowed, or divorced	3. (b) Social Security Number
F W Single	MEDICAL CERTIFICATION  20, DATE OF DEATH
6.(c) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
deceased (mo., day, yr.) 4-10-48  8. AGE: Years Months Days If less than one day	Immediain cause of death Duration  Press alwrety 50000
9. Birthplace Later Ly (Town, county, and state)  10. Usual occupation.	Due to. 792 mo/
11. Industry or business  12. Name 12. Delib B. Williams  13. Birthplace ACM OUL OUL, VIII.	Other conditions
14. Maiden name Ally Celetica Riber  15. Birthplace Allo City - Vicol	(Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.
16. Informant Table	Autopsy results
Address  17. Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Commetery or crematory Location Location	Where did Injury occur?
18. Funeral director de Manager d	Odilana la France h. A
19. (Date rec'd by registrar) 19. (Date rec'd by registrar)	23. SIGNATURE M. D. or other

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and le

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OF DEATH

USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

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information carefully of death clearly and ADING INK. Supply every item of Physicians: please write the causes BINDING FOR RESERVED WITH UNF. PLAINLY, vis especially RITE

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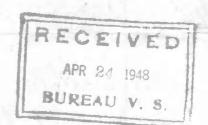
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		CERTIFICAT	E OF DEAT
1. PLACE OF DEA	тн:		2. USUAL RESIDEN
County 10	ALTO		(For newborn infa
City or town(If out	A TOWS	UILLE - 8/3 FRENCK RT	State
How long in above place of Hospital, Institution, or s		death necurred	City or town(1f outs
nospital, institution, or s	NOOT BOOK OF WHOLE		Street No. 27
How long in hospital or i	nstitution?		2.(a) If veteran, name war
3. (a) FULL NAME		Louis FREDERICK	MEYER
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	
M	w	~	20. OATE OF GEATH
6.(b) Name of husband or	wife ELLE	U WHITELEY MEYER	21. I CERTIFY that death o
7. Birth date of	A.4		and that last so hA. F
deceased (mo., day, yr.)	Months		Immediate cause of deatl
8. AGE: Years	months .		Myocare
39	11	10min.	4 6
9. Birthplace	BALT	o. MD.	Due to C 420 120
10. Usual occupation	KENL	ESTATE BROKER	Due 10.
11. Industry or business	JELF		
- 4.1	,	H.W. MEYER	Other conditions
13. Birthplace		(SERMANY	
H 14. Malden name	MMA	M. E. RUNGE	(Include
15. Birthpiace		GERMANY	Major Hadiags of operati
16, Informant	· Lars	F. MEYER JR.	Antopsy results
Address 4	407	TERNHILL HE	
17. BUR IV		Date thereof APT 24, 1948	Accident, suicide, or homic
Cemetery or <del>-erematory</del>		- 1 / 2	Where did injury occur?
Location	BALT	To, MD	Injured at home, farm, Ind
18. Funeral director.	Du 7	- TICKNER & SONS	Means of Injury
Address R	LTO	· MD	1
19 april	23 19.48	1 ME. Harris	23. SIGNATURE
(Date rec'd by regis	strar)	Registrar	Address Address

MEYER	3. (b) Social Security	Number
MEDICAL CE	RTIFICATION	
20. OATE OF DEATH 4 2 2	19.48	- T
21. I CERTIFY that geath occurred on the date above 19. 3	e stated; that I attended dece	22 19 4 6
My ocarditis:  g Coronay  Due to Coronary Ocel	acterosis usion- 80	exten!
Due 10	•••••••••••	***************************************
Other conditions Gustrie	Weer-	5-10-yr
(Include pregnancy within 3 m	onths of death)	
Major findings of operations		statistically.
22. VIOLENCE: If death was due to external caus		
Accident, suicide, or homicide	Date of	
Where did injury occur?(City or town)	(County)	(State)
injured at home, farm, Industry, public place (who	ere?)	********************
Means of Injury	Injured at work?	
23. SIGNATURE Salay	ofman.	or other

(If outside city or town limits, write RURAL and give nearest town)

(If rural, give LOCATION)



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

information carefully of death clearly and

War UNFADING INK. Supply every item of important. Physicians: please write the causes

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#### CERTIFICATE OF DEATH

Reg. Dist. No.

	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME  A Sex   5. Color or race   6. (a) Single, married, widowed, or divorged	3.(b) Social Security Number 2/6-10-5/35
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH.  20. DATE OF DEATH.  21.300 M
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I aftended deceased from Pelbrusay 20 1. 19. 19. 19. 19. 19. 19. 19. 19. 19.
8. AGE: Years Months Days If less than one day  48 4 10	Immediate cause of death  Our cinoma y sightling v months
9. Birthplace (Town, county, and state)	Due fo.
10. Usual occupation	Due to
12. Name Herry Miskley 13. Birthplace	Dther conditions
14. Maiden name Mantha Fife  15. Birthplace	(Include pregnancy within 3 months of death)  Major findings of operations.
	Sale of op.
Address 812 2 St. Span our Pt.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Bate thereof (month) (day) (year)	22. VIOLENCE: tf death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory Int. Callany	Where did injury occur? (City or town) (County) (State)
Location CC. CC. CO.	Injured at home, farm, industry, public place (where?)
18. Funeral directory for miles IV Stubbles comments	Meens of injury Injured at work?
Address 1011 M. Orlington avel 19. may 3 19 A G. 21, Habrah	23. SIGNATURE DE TOMBRE M. D. Orther H. J. O
(Date rec'd by registrar)	Address 7 W Date signed Date signed

#### MARYLAND STATE DEPARTMENT OF HEALTH

	2411	N. C	Charles St	., Balt	imore	93	L
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			18	

Reg. Dist. No ...

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infauts give residence of mother)		
County Dall	Stale County /5 (Ca		
City or town			
How long In above place of death?	City or town		
Hospital, Institution, or streel address where death occurred:	Streel No. 63.61.7 11.5 1/16		
Jacks Cons	(If rural, give LOCATION)		
How long In hospital or institution?	2.(a) tf veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Harry Chins			
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
M. W. manuel	20, DATE OF DEATH. April 4 1948 at 7,45 P. M		
12. +t. ( If were )	21. I CERTIFY that death occurred on the date above stated; that I attended depeased from		
6.(b) Name of husband or wife	Marin 1 19.48 10 april 4 19.48		
7. Birth date of years	and that I last saw h same alive on against the 19 4.8		
deceased (mo., day, yr.)	Immediate cause of death		
8. AGE: Years Months Days If less than one day	Gowany fluonious Sudden		
50 / +3hrsmin.			
9. Birthplace	Due to Melsin Sulpoter Challes 1 yr.		
9. Birthplace (Town, county, and state)	January discuss		
10. Usual occupation	Due to		
ff. Industry or business 7.65 1.5			
12. Name	Dther conditions		
12. Name			
	(Include pregnancy within 3 months of death)		
14. Maiden name.	Major findings of operations.		
El 15. 8irthplace	Date of op.		
16. Informant	Autopsy results		
The trade of the state of the s	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address	22. VIOLENCE: If death was due to externat causes, fill in the following;		
17	Accident, suicide, or homicide		
Waste Lawrel	Where did injury occur? (City or town) (County) (State)		
Cemelery or cremalory			
Location	tnjured at home, farm, Industry, public place (where?)		
10 Franci director to for I Comme Co	Means of injury injured at work?		
18. Funeral director	Man M Burney		
Address / Y/A G	23. SIGNATURE		
19 1-7-71 19	Belts 6 H-H-48		
(Date rec'd by registrar) Registrar	Address Multo D Date signed T		

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legible MARGIN RESERVED FOR BINDING

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(Date rec'd by registrar)

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

03640 Reg. Diat. No. 42

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Dalmare	(For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State County
How long in above place of death?	City or town(If outside city or town limits, write RURAL and gire hearest town)
Hospital, institution, or street address where death occurred:	Street No. 1239 Few aac Coad
1239 Len oak Rd	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) I1 veteran, name war
3. (a) FULL NAME	- 3. (b) Social Security Number
aymond Or	ever
4. Sex 5. Color or race 6.(a)Single, married, widowell, or divorced	MEDICAL CERTIFICATION
m The Thank	2D. DATE DE DEATH april 1 48 3-45P
6.(b) Name of husband or wife eval Smith	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
f. f. 6, (c) If alive, give age	
7. Birth date of - / 2 / 1/2/2	and thaf I last saw halive on
	Immediate cause of death DURATION
o. AGL.	
47	coronary occusion
9. Birthplace	Due to
(Town, county, of datate)	
10. Usual occupation	Due to
11. Industry or business	
12. Name led divers	Other conditions
13. Birthplace / seligyo	(Include pregnancy within 3 months of death)
14. Majden name I tunnah Yunnedy	
14. Maiden name tannah tunnedy  15. Birthplace pulant	Major findings of operations.
Me Carl Plants	Date of op.
16. Informant	Autopsy results
Address 2 9 Jen Oly	22. VIOLENCE: If death was due to external causes, fill in the following:
white Date thereof 4/5/48	
(Burial, oremation, or removal, Which?) (month) (day) (year.)	70000011
Cemetery or cremajory	Where did injury occur?
Location Clarcago ACC	njured at home, farm, Industry, public place (where?)
X. XI I adjust Lane	Means of Injury Injured at work?
18. Funeral director	as I I I deflu
Address Address	23. SIGNATURE Les Maler for Examples
april I derthingfur	23. SIGNATURE M. D. of other

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2411 N. Charles St., Baltimore

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#### CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State		
City or townFortHoward(If outside city or town How long in above place of death? Hospital, Institution, or street address whe Vets. Adm. Hospital	Maryland Timits write RUKAL and give nearest town) 6 days re death occurred: Fort Howard, Md.			
	6 days	2.(a) If veteran, name war		
3. (a) FULL NAME RAPHAEL I.	O'NEILL	3. (b) Social Security	Number	
4. Sex 5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White	Single	20. DATE OF DEATH April 27 19.48.		
	ingle 6.(c) If alive, give ageyears	ADE 19 110 to ADE 1.L.	27 19 48 19 48	
8. AGE: Years Months 53 6	Days If less than one day 2min.	Cardiac dilatation & Hypertrophy	3 Yrs.	
9. BirthplaceBaltimore	faryland	Due to Mitral & aortic stenosis & Insufficiency	99	
10. Usual occupation	ed	Due to Rheumatic fever	18	
12. Name	!Neill	Other conditions Pulmonary edema Un		
	rley	(the lude pregnancy within 3 months of death)  Major fieldings of operations		
16. InformantClinicalRec	cords Vets.Adm. Hosp.	Actopsy results. Substantiated above.  PHYSICIAN: Please moderline the caose to which death should be charge	d statistically.	
17. Burial (Burial, cremation, or removal, White	14 / 50 /110	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide		
Location Baltin	pore, Maryland Blight Howard M. Blight	Injured at home, farm, industry, public place (where?)		
18. Funeral director	elair Rd., Baltimore, Md.	23. SIGNATURE H.C. MANAUGH, M.D. Chief Profe	ssfbhal 4-28-48	

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

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			del
og.	Diat.	No.	T.T.

1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)		
County Baltimore			state Maryland county		
City or town Fort Howard (If outside city or town limits, write RURAL and give nearest town)		mits, write RURAL and give nearest town)			
How long in above place	e ot death?7	hours	City or town. Baltimore. (If outside city or town limits, write RURAL and give nea	rest town)	
	streel address where		Street No. 1312 Orleans Street		
		ion Hospital	(If rural, give LOCATION)	1/	
		hours	2.(a) It veteran, name war		
3. (a) FULL NAM	WILLIE P	AYNE	3. (b) Social Security Unknown	Number	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	Colored	Single	20. DATE OF DEATH. April 2 19.48	. 7.05 4	
			21. I CERTIFY that death occurred on the date above stated; that I attended dece		
	•••••		April 2 19 48 to April 2 and that I last saw h. im. alive on April 2		
deceased (mo., day, )	yr.) April	20, 1895			
8. AGE: Years		Days tiless than one day	Immediate cause of death DIJATATION AND HYPER-		
52	11	13min.		plus	
			VENTRICIE		
9. Birthplace	tichmond	ircinia county, and state)	Oue to EXTREME GENERALIZED PULMONARY		
10. Usuat occupation	Unemplo	yed	EMPHYSEMA	.Unknown	
11. Industry or busines			Due to		
- ne 1		yne	Other conditions .CHRO.NIC .NEPHRITIS	Unknown	
12. Name	Virginia	-J-22		-Unknown	
			(Include pregnancy within 3 months of death)		
14. Maiden name.			Major findings of operations		
🗵 15. Birthplace	?				
18. Informant Cli	inical Reco	rds, Vet. Adm. Hosp.	Actopsy resoltsSubstantiated above PHYSICIAN: Please codering the cause to which death should be charged		
Address For	et Howard,	Maryland		statisticatly.	
17 Becc	ual	Date thereof. (month) (day) (year)	22. VIOLENCE: tf death was due to external causes, till in the tollowing;		
			Accident, suicide, or homicide		
cemetery or crematory Baltimore National Cemetery			Where did Injury occur?	(State)	
Location	Baltimo	re, Maryland	Injured at home, farm, industry, public place (where?)		
		ilson	Means of Injury Injured at work?		
Address 1000	Brantley A	Ve. Balto. Md.	tokeland a man		
		***************************************	23. SIGNATURE PLANTAGE M. D. C.	r other	
19,	gistrar)	a. W. Hefush Registrar	Address VAH, Fort Howard, Md. Date signed !	1/2/48	

2411 N. Charles St., Baltimore

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CERTIFICAT	TE OF DEATH	Reg. Dist. No	35
1. PLACE OF DEATH:  County County 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2. USUAL RESIDENCE (HOME) Of (For newborn infants give residence of State	mother)  Inty Baltim  Mankto  write RURAL and give nea  to f Man	1 .1
How long in hospital or institution?	2.(a) If veteran, name war	***************************************	**********************
Silas W. Pearce.		3. (b) Social Security	Number
Male White Married.	MEDICAL CH	ERTIFICATION  19.48	at 11:30 P
6.(b) Hame of husband or wife Minnie Pearce.  Selection of the date of deceased (mo., day, yr.) Oan wary 24/862.  8. AGE: Years Months Days If less than one day	21. I CERTIFY that death occurred on the date abo  CELLUATY  19.  and that I last saw hI.M.A. alive on	ve stated; that I ettended decea +7, to 18 A P L A P L I	sed from 19 4-8 19 4-8 DURATION
9. Birthplace Ballon, (Town, county, and state)	Due to Arterio sel	erosis	15 month
11. Industry or business  12. Hame Oosiah Service  13. Birthplace	Due to		
14. Malden name Filizabeth Wright:  15. Birthplace	(Include pregnancy within 8 n		
16. Informant Mrs. Montaton And R. D.	Autopsy results. PHYSICIAN: Please underline the cause to wh		tatisticslly.
17. But id les bale thereof Ari 21,194.  (Burlal, cremation, or removal, Which?)  Cemetery or crematory  Location  A. h. t. e. H. a. I. M. d. R. D.	Accident, suicide, or homicide	(County)	(State)
18. Funeral director franco Con Francisco Para Address Henry Freedom, Pa.  19. The 21 1948 Chester & Friedom	23. SIGNATURE Laster	Injured at work?  T. Kees M. M. D. o	o , rother

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

03644 Reg. Diat. No. .....

	1					11
county 7040 Sollers Point Road				2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	of mother)	
City or town				State Md. City or town Dundalk (If outside city or town lim		
Hospital, institution, or street address where death occurred:				Street No7040 Sollers P	oint Road	•••••••
How long in hospital o	or tastitution?		***************************************	2.(a) It veteran, name war		
3. (a) FULL NAM	Eliza	beth C	. Pfeffer		3. (b) Social Security	Number
4. Sex female	5. Color or race	6.(a)Singl	e, married, widowed, or divorced widowed	MEDICAL O	CERTIFICATION L 10 19 48	1150
	1/1, 0	6.(	c) It alive, give ageyears	21. I CERTIFY that death occurred on the date a	,45 10 april	(0 19 4) 19 4)
8. AGE: Year		Days	If less than one day	Mesocardes (de	generations	DURATION
9. BirthplaceG	hous	county, and ewife	state)	Due to.	·ein	
11, industry or busines	ss		•			** ************************************
12. Name	John Graf Germa			Other conditions		
-	Marie C			(Include pregnancy within		
16. InformantMY		llen -	daughter	Autopsy results		
17 Buri	al n, or removal. Which?	Date ther	eof 4/13/48 (month) (day) (year)	22. VIOLENCE: It death was due to external of Accident, suicide, or homicide	Date of	
Cemetery or XXXXX Loudon Park 3801 Frederick Road				Where did Injury occur?(City or town Injured at home, farm, Industry, public place		(State
			1 Home, Inc.	Msens of Injury	Injured at work?	4 .0
11/10	01-3-5 E. M 3 egistrar)	adison (	Street W. Hedrich	23. SIGNATURE OUIS 7	Elines.	or other
(Date rec'd by re	egistrar)		De Registrar	Address	Date signed	

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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03645 Reg. Dist. No. 32

#### CERTIFICATE OF DEATH

City or town place of death?  Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State		
	Afreet Ro		
How long in hospital or institution?	2.(α) If veleran, name war		
3.(a) FULL NAME Marie Hill Phikks	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  Emal © Married	MEDICAL CERTIFICATION  20. DATE OF DEATH 220 Mm		
6.(6) Name of husband or wife Richard Physics  6.(c) If alive, give age year  7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
deceased (mo., day, yr.)  8. AGE: Years Months Day's If less than one day 4 7	Immediate cause of death DURATION  Longestive Heart Fredure 2 less		
9. Birthplace West Moreland Va (Town, county, and state)  10. Usual occupation Dunies  11. Industry or business	Due to. Disease Disease 2-yrs.  Due to.		
12. Name	Other conditions  (Include pregnancy within 3 months of deuth)		
14. Maiden name	Major findings of operations.		
16. Informant Genzie Douglass	Autopsy results		
17 Burial (Burial, cremation, or removal, Which?)  Bale thereof 4 - 25 - 48 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the tollowing;  Accident, suicide, or homicide		
Cemetery or crematory Cemetary	Where did injury occur? (City or town) (Connty) (State)		
18. Funeral director Williams a Spelling	Means of Injury Injured at work?		
Address 9 6 Newing away 19. 44 Da & & Mississer Profession Profess	23. SIGNATURE A. D. D. Caples M. D. or other  M. D. or other  D. Bate Signed 4" 24" 48"		



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2411 N. Charles St., Baltimore

MARYLAND STATE DEPARTMENT OF HEALTH

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/			CERTIFICA'	TE OF DEATH Reg. Diat. No	77	
How long in above place Hospilal, Institution, or Vets.eAdm How long in hospilal or	Fort How putside city or town list of death? 17 D street address where Hospital rinslitulion? 17 D	ard mits, write R ays dealh occurred	URAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State		
3. (a) FULL NAM		SEPH FI	RANCIS PICH	3. (b) Social Security N 212-10-2637	lumber	
4. Sex Male	5. Color or race White	6.(a)Single	. married, widowed, or divorced Single	MEDICAL CERTIFICATION  20. DATE OF DEATH	A Oil:OLe	
6.(b) Name of husband or wife				21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
8. AGE: Years 37		Days	hrs,min.	Tuberculosis, chr. pulmonary, activ		
11. Industry or business  12. Name Joh 13. Birthplace A	Plumber n Pich ustria Hun Mary Clec	gary ta		Due to  Due to  Other conditions Ulcer of tongue and left tonsil, cause unknown  (Include pregnancy within 8 months of death)  Major fieldings of operations.	Unknown	
Address	rt.	ds, Vet Howard,	ts. A <sub>d</sub> m. Hospital Maryland	Actopsy results	atisticatly.	
17	Balta nonk	Date thereof A Ro	(month) (day) (year)  Accemer  Local Con  Lo	Accident, suicide, or homicide	(State)	
(Date rec'd by reg	istrar)		2 DM Registrar	Address V.A.H. FT HOWARD MD Date sing		

2411 N. Charles St., Baltimore

03647

CERTIFICA	TE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: Ballette Death County.  City or town (If outside city or town limits, write RURAL and Date nearest town)  How long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME  Ouvette O.	Sitchard 3. (b) Social Security Number
Temale S. Color or race 8.(a) Single. married, widowed, or divorced Underwed	20. DATE OF DEATH PLANT 19.40 1130P
6.(6) Name of husband or wife  8.(c) If alive, give age yea deceased (mo., day, yr.)  7. Birth date of deceased (mo., day, yr.)	and hard last saw hard alive on
8. AGE: Years Months Days If less than one day hrs. mid 9. Birthplace Town, county, and state)	trillal Weeker 4/9/4
10. Usual occupation  11. Industry or business    12. Name   Q. asel   Slaby     13. Birthplace   Nagyue   Q. asel   P. asymptotic   P. asy	Other conditions Sykutyshir aukuls -
14. Malden name Change Canal States  15. Birthplace Agus  16. Birthplace Agus  17. Birthplace	(Include pregnancy within 3 months of death)  Major fiadings of operations
16. Interment Mrs Orose Tressform are Address 1815 W. Mar Pet St Louis ville Ke	Autopsy results
(Burial, cremation, or removal, Which?)  Cemetery or crematory.  Complete of the complete of t	Where did injury occur? (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)
18. Funeral director released Figure 2	Msens of Injury  Injured at work?
19. 4/16 19.48 Millouth Smiles (Date rec'd by registror) Breal Alfred, Registro	23. STONATURE M. D. gr other  Address Mudaue 2 v - Date signed 7/16/X

UNFADING INK. Supply every item of information carefully. They ant. Physicians: please write the causes of death clearly and legibly

WRITE PLAINLY, is especially

PLEASE

A15 SA

MARGIN RESERVED FOR BINDING



PLEASE

1. PLACE OF DEATH:

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

03648

1. PLACE OF DEATH:  Baltimore				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of muther)			
Outry			***************************************	State Md			
City or town. Catons ville.			URAL and give nearest town)	Cotoner	(Cotonerille		
			***************************************	(If nutside city or town	n limits, write RURAL and give nearest town)		
	winters			Street No. 62 Wints			
	Institution?		***************************************		d, give LOCATION)		
3. (a) FULL NAME			•••••••••••••••••••••••	2.(d) If veteran, name war			
3. (a) POLL NAME		ph Wi	lliam Rhodes		3. (b) Social Security Number		
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICA	L CERTIFICATION		
Male	Colored	Di	vorced	20. DATE OF DEATH. Corn	49 19.48, at 3.30 Pm		
6.(b) Name of husband	or wife		***************************************		ate above stated; that I attended deceased from		
7. Birih date ot	• * 4 • • • • • • • • • • • • • • • • •		) If allve, give ageyears	3-22-48			
7. Birth date of deceased (mo., day, y	1904	1		and that I last saw h.J. A	/ /		
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death			
4.	1		hrs,min.	acute Mu	reposition Thank		
9. Birthplace	wark, N.	J.	tate)	Due to.	bet worth had a bet had bet had bet with the state of the		
	Labora	ounty, and a	cate)		***************************************		
		<b>a</b>	***************************************	Due tn			
11. Industry or business		Dh - a -					
12. Hame	Casseous		25	Other conditions			
		. Je		(Include pregnancy with	thin 8 months of death)		
14. Maiden name	Unknow	n	*************************				
15. Birthplace	N. J	•			Date of on.		
16 Informant Mi	ss Maxine	Bris	100\$		1,		
	2 Winters		, ,		to which death should be charged statistically.		
				22. VIOLENCE: If death was due to exter	nal causes, fill in the following:		
17. Burial (Burial, cremation, or removal. Which?)  Date thereof 4-7-48 (month) (day) (year)			(month) (day) (year)	Accident, suicide, or homicide	Date ot		
Cemetery or crematory Mt. Auburn Cem.				Where did injury occur?(City ur t	cown) (County) (State)		
Location Baltimore , Md.					ace (where?)		
18. Funeral director Mrs. Frances A. Hemsley			. Hemsley	Means of injury	Injured at work?		
Address	578 W. Bi	ddle	St.	forth War	Vanier mb		
19. April 6 19 48 Q. W. Heduck (Date fe'd by registrar)				23. SIGNATURE CALOUSTELL	M. D. or other		

M

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

03649

			~ ~
Reg.	Dist.	No.	70

1. PLACE OF DEATH: Bultural	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town. (If outside city or town limits, write RURAL and give nearest town)	State Many lynd County Calturage		
How long in above place of death?	City or town		
Hospital, Institution, or street Address where death Accurred:	2 2 4 A A A A A A A A A A A A A A A A A		
1200 Summet auc	(If rural, give LOCATION)		
How long In hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
4 711	1 Kl . 1		
Lamma May	Roberts Mone		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Il Ichan	MILDICAL CERTIFICATION		
simale while Willow	20. DATE OF DEATH		
6.(b) Name of husband or wife Auchard L Roberts	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	april 5 1949 10 apr 6 10 KF		
7. Birth date of 7.1 Sirth date of 7.1 Sirth date of 7.1 Sirth date of 7.2 Sirth dat			
deceased (mo., day, yr.)	and that I last saw h C.C.R. alive on		
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death		
O. AGE: 1001 Months Day	(PREBRA) HEMOTER DAGE		
19 5 3min.	***		
( 1 1 1 m)	Astrono selection and		
9. Birihplace (Town, county and state)	Due to TIVICY OSCIEPOIIC LV L		
10. Usual occupation Adams Remarks	***************************************		
CP A S	Due to		
11. Industry or business			
12 Name James 13, Dungan	Varter and the second s		
13. Birthplace Ohio	Dther conditions		
E Anna ma Board	(Include pregnancy within 8 months of death)		
E 14. Maiden name MANA Marie M	Major findings of operations.		
14. Malden name. Amaza 911. Blair  15. Birthplace			
an . 91/ 00 6	Date of op.		
16. Intermant I III I I I I I I I I I I I I I I I I	Antopsy results.		
Address 12,00 deem wit and Ontone	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address 200 summet live, Catorie	22. VIOLENCE: If death was due to external causes, till in the following;		
17 Dunial Date thereof Start 9 1948			
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Allewwood Cemeter	Where did injury occur?		
alling a mag			
Location Willand Line	Injured at home, farm, industry, public place (where?)		
Fasta 1 Paris	Means of Injury injured at work?		
18. Funeral director Communication States	manya ar norat		
Address 608 Ferederick and Catour	23. SIGNATURE OF POUND		
poril a un TEN	23. SIGNATURE M. D. or other/		
(Dato rec'd by registrar)	Address 33 & Free Dereich Aur Date signed 4/7/48		

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BUREAU V. S.

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03650

#### CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:  County	State County Clif outside city or town limits, write RURAL and give nearest town)  Streef No. (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
The salis quiles Bull	
4. Sex 5. Color or race (6.(a) Single, married, widowed, or divoyed)	MEDICAL CERTIFICATION  4, 10 19 48, ot 12:40 Pm
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive give agevears	
7. Birth date of	
deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day	Immediate cause of death Oprongry embolism The
7/hrs,min,	
9. Birthplace (Town county, and state)	Que to Carcinoma of stonach 3 mos?
10. Usual occupation	Overto arterios de rotac de Carl Misus 1913
12. Name Williams Charles III 13. Birthplace In an Stand	Other conditions
000	(Include pregnancy within 3 months of death)
14. Malden name 21 Bull 15. Birthplace	Major findings of operations
18. internal De Agline Miles	Autopsy results
Address 6 Columnia and a Vice	22. VIOLENCE: if death was due to external causes, till in the following;
(Eurial, cremation, or removal, Which?) (Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or cremators and a constant (day) (year)	Where did injury occur? (Cityor town) (County) (State)
Location Attorney Williams	Injured at home, farm, industry, public place (where?)  Means of injury  (injured at work?
18. Funeral director of the Address Address Town Ill Man	Cons la Ustra
19. Of side 2 19 42 115. Harry Registrar Registrar	23. SIGNATURE Address M. D. coothes  Address Date signed 4.10.4.

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BUREAU V. S.

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1 PLACE OF DEATH:

# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and RESERVED FOR BINDING MARGIN

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

03651 2000 CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

Coc

State Maryland County  City or town Baltimore — 15 —  (If outside city or town limits, write RURAL and give nearest town)  Street No. 5511 Minnoka Avenue		
5511 Winneka Avenue		
(If rural, give LOCATION)		
2.(a) If veteran, name war		
3. (b) Social Security Number		
MEDICAL CERTIFICATION  20. DATE OF DEATH.  MEDICAL CERTIFICATION  19.48,21.91		
21. I CERTIFY that death occurred on the date above stated; that I affended deceased from  19		
Whatestow		
Due to		
Major findings of operations		
22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide		
Injured at home farm, Indusfry, public place (where?)  Means of Injury  Injured at work?  23. SIGNATURE.  Level Millie flex Excus Albana M. D. or other		

		CERTIFICA	ATE OF DEATH Reg. Dist. No. 30
1. PLACE OF DEATH:  County BALTIMORE  City or town. CATONS VILLE  (If outside city or town limits, write RURAL and give nearest town)  How tong in above piace of death?  Hospital, Institution, or street address where death occurred:  HOUSE IN THE PINES 16 FULTING AVE  How long in hospital or institution?			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female	WHITE	WIDOWED	20, DATE OF DEATH APRIL 7 19.48 at
7. Birth date of deceased (mo., da 8. AGE: Your Property of the property of th	ay, yr.) Oct ears Months 6 5  FENN (Town, On	ACNAUGHTAN CAND CT J DOUGLAS	Immediate cause of death DUF
Address 3 C  17. (Burial, cremat Cemetery or crer Location 3 6  18. Funeral director	MATION matory SOUD	Date thereof APBIL 9/94  (month) (day) (year)  ON PABK  SICK AVE  Withhele	Where did injury occur? (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Means of Injury injured at work?  23. SIGNATURE M. D. or other

2.(a) It veteran, name war. 3. (b)	
3. (b)	
	Social Security Number
ALTER	
MEDICAL CERTIF	ICATION
2D. DATE OF DEATH. APRIL 7	19. 48 , 21
21. I CERTIFY that death occurred on the date above stated;	ant 7 1548
	DURATION
My ocardilis	
Due to Combinations	
Due to	
Other conditions	
(Include pregnancy within 3 months of	
Major fiediogs of operations.	
Actopsy resolts	should be charged statistically.
22. VIOLENCE: If death was due to external causes, fill in	
Accident, sutcide, or homicide	Date of
Where did injury occur?(City or town)	(County) (State)
Injured at home, farm, industry, public place (where?)	
Means of Injury	tnjured at work?

WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and MARGIN RESERVED PLAINLY, is especially PLEASE WRITE

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2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH BOOTS.	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newhorn infanty/give residence of mother)	
County Dundalk	State Most: County Dallo.	000000000000000000000000000000000000000
(If outside city or town limits, write RURAL and give nearest town)	City or town. (If outside city or town limits, write RURAL and give nearest t	
How long in above place of death?		own)
	Street No. 792 Will Clock (If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME Dora a. Seha	3. (b) Social Security Number	ber
temale W, Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE DE DEATH OFILE 26  19.445	30 P.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased fr	19.48-
T. Birth date of deceased (mo., day, yr.) August 25-1872	and that last saw h alive on	DURATION
8. AGE: Years   Months   Days   It less than one day	Inmodian rayse of death Tursey Cardis—	04-
9. Birthplace / Yout bo, Md. (Town, county, and state)	Due to.	f 2
1D. Usuat occupation.		
11. Industry or business	Due to	
E 12. Name John W. Brouch	Dther conditions.	
13. Birthplace	(Include pregnancy within 3 months of death)	
14. Maiden name Dorather a linnau	Major findings of operations	
≥ 15. Birthplace	Date of op.	
16. Intermant MID. Stact. Se Haven	Autopsy results.  PHYStCIAN: Please underline the cause to which death should be charged statist	ically
Address 7921 Wish Owl		icany.
17 Berral Date thereof 4/28/48	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide	
(Burial, cremation, or removal. Which?) (month) (day) (year)		
Gemetery or crematory	Where did Injury occur? (City or town) (County) (Sta	
Location Day of the Location	tnjured at home, farm, industry, public place (where?)	
18. Funeral director. Thelif Helling Sous	means of injury	, (
Address 2024 Orleans of	23. SIGNATURE // Davis	, 23
19. 4/26 19 X8 Hw Hedrick	M. D. groth M. D. groth  M. D. groth	6/48.

Dr. W. Davis 3 Kniship Rd. 2411 N. Charles St., Baltimore

03654

#### CERTIFICATE OF DEATH

D. N. 41

1. PLACE OF DEATH.  County	nearest town)
How long in hospital or institution?  (If rural, give LOCATION)  2.(a) If veteran, name war.	
A A A A	***************************************
3. (a) FULL NAME Charles. Schelgel. 3. (b) Social Securi	ity Number
4. Sex 5. Color or race 5.(a) Single, married, widowed or divorced MEDICAL GERTIFICATION  To ale. Shit. 20. OATE OF DEATH. 19.44.	8 210p.
6.(b) Name of husband or wife. Chel. Schelgel 21. I CERTIFY that death occurred on the date above stated; that I attended d	deceased from
7. Birth date of deceased (mo., day, yr.)  7. Birth date of deceased (mo., day, yr.)  7. Birth date of death date of date of death date of date of death date of date	19
8. AGE: Years Months pass If less than one day 53. 2. 10	5/2-
9. Birthplace Out to	
10. Usual occupation. Sulves. Oue to.	
11. Industry or business    12. Name	
13. Birthplace  (Include pregnancy within 3 months of death)  Major findings of operations.  (Include pregnancy within 3 months of death)  Major findings of operations.  Only 15. Birthplace	
15. Birthptace Oate of op	
16. Informant Cthel Schelgel Autopsy results.  PHYS1CIAN: Please anderline the cause to which death should be charged.	
Address 260: Pure Address  17. (Burial, cremation, or removal, Which?)  18. (Burial, cremation, or removal, Which?)  19. (445. (month) (day) (year)  Accident, suicide, or homicide	
Cemetery or crematory. ST. Matthews (County)	(State)
Location 4104. Odownell M. Injured at home, farm, industry, public place (where?)	
18. Funeral director Weudell: J. Land. Maens of Injury Injured at work?	
19. Address 3 2. S. Highland and 19. April 8 19. (Date rec'd by registrar)	18 4/8/48

MARGIN RESERVED FOR BINDING

WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

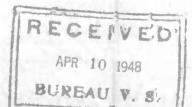
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3. (b) Social Security Number

2.(a) If veteran, name war.

# 1. PLACE OF DEATH:

#### CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infagre give residence of mother)
State Ma. County Balterinore
City or town Spanous Point (If odiside city or town pinits, write RyRAL and give nearest town)
(If catside city or town Phits, write RURAL and give nearest town)
Street No. 301 F Street
(If rural, give LOCATION)

	- 4			
How long t	n hospital or	tnstitution?	 	 

	or street address where			
How long to hospital	or institution?		***************************************	***************************************
3. (a) FULL NAM	ME	Ida	As	Chri
4. Sex <b>F</b> .	5. Color or race	6.(a)Single,	married, widowed, or di	
6.(b) Name of husban	nd or wifePh		S. Chacus If allive, give age	
7. Birth date of deceased (mo., day	yw Decen	when	9,1871	
8. AGE: Yes	ars Months	Days	If less than one day	
76	3	27	hrs	min
9. Birthplace  1D. Usual occupation  11. Industry or busin		County and at	y, Md	
	John-	Gettn	aw	
12. Name	n	ld .		
14. Malden nam	Carrie	Sca	ggs	***************************************
16. Informant 1	in ana	a ye	engel	int.
17. Que	nial Which	Date thereo	april 9	1948

ider	
MEDICAL CERTI	FICATION
20, DATE DE DEATH CEPSUL	19.48 21 93
21. I CERLIFY that death occurred on the date above states	that I altended deceased from
19/10	10 10
and that last saw be alive on alive on	A
Immediate cause of death	DURATIO
Cononary Occ	Pusion 487
arterio schuta	Htdis?
Due 10	
Dither conditions	elleks ?
(Include pregnancy within 3 months	of death)
Mains Sadines of energions	

PHYSICIAN: Please anderline the cause to which death should be charged statistically.

(County)

Injured at work?

22. VIOLENCE: If death was due to external causes, fill in the following;

(City or town)

Accident, sulcide, or homicide.....

Injured at home, farm, Industry, public place (where

Where did Injury occur? ......

Means of injury

23. SIGNATUR

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BUREAU V. S.

2411 N. Charles St., Baltimore

03656

#### CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn Infants give residence of mother)
County Baltimore	- Tool Relt are
(If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of dealh?	City or town
Hospital, Institution, or street address where death occurred:	Street No. 1201 Washington Blod.
Eatousville Convallsand Hor	(If rural, give LOOSTION)
How long In hospital or institution?	2.(a) tt veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH. afril 7th 1948 at 930p
Louise	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c). Name of husband or wife	Chil 1 19 48 10 Op 1 7 19 98
7. Birth date of Male 1000	and that I last saw h
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
68 1 12hrs.	min. Development State
9. Birthplace Baltimore md.	Due to
(Town, county, and state)	Hyperkani (V Desenie ?
1D. Usual occupation.	Due to arkanala rais
11. Industry or business - Self	
12. Kame William Schwerholg 13. Birthplace Hermany	Dther conditions
13. Birthplace Lermand	
	(Include pregnancy within 3 months of death)
14. Maiden name Julia Wickart  15. Birthpiace Baltimore md.	Major findings of operations
15. Birthpiace / Sacrimo is	Date of op.
16. Informant Murs Jourse Control	Antopsy results
Address 1201 Washington Blog	C.
17 Burial Date Hereof 4/10/4	22. VIOLENCE: tf death was due to external causes, fill in the tollowing:  Accident suicide or homicide
(Burial, cremation, or removal, Which?) (month) (day) (year)	54
Cemetery or crematory Meadowridge Memollal	Where did injury occur? (City or town) (County) (State)
Location Dorsey July	Injured at home, farm, Industry, public place (where?)
18. Funeral director John J. Cowan + Son	Means of injury Injured at work?
mall = 2/21 01 . 14	- a
Address 901-030 PA Octions - C.	23. SIGNATURE And a human com
19 april 9 19 48 a. W. Heluso	M. D. or other
(1) (1) (2) rec'd by registrar) Regis	trar   Address Data signed Data signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefull. The is especially important. Physicians: please write the causes of death clearly and legit MARGIN RESERVED FOR BINDING

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 14 W

#### CERTIFICATE OF DEATH

03657, 1 Reg. Diat. No....

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Jalls.	(For newborn infants give residence of mother)
City or town	State County County
How long in above place of death?	City or town
Hospital institution, pr sheet address where death occurred:	Street to Dundalk 22 ml
"84 Hurner, stag poches	(1f rural, give LOCATION)
How long in hospital or institution? 2740 personal	2.(a) If veteran, name war
3. (a) FULL NAME	7. Q 3. (b) Social Security Number
Thomas Scrock	to or fusion szewczuk 213-07-
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 6402
mal White married	20 01/2 01 01/2 Apr 13 10/18 11 1/2
hand lovelik	2D. DATE OF DEATH
6.(b) Name of husband or wife	21. I CENTIFY THAT GEATH OCCUPIED ON THE GATE ABOVE STATES, THAT I ATTENDED GEOGRAPH OF THE STATES O
6.(c) It alive, give ageyears	
deceased (mo., day, yr.) (not prow) 1896	Immediate cause of death
8. AGE: Years Months Days If less than one day	0
52min.	Coroning accident 3
Russinse	Due for the state of the state
9. Birlhplace	Best esto B. A.C. Y/p.
10. Usual occupation	Buck 1020 DOD
11. Industry or business Bethlehem Stell	70.0.0.
= 12. Name ? - Serochik	Other conditions
12. Name Perochik  13. 8irlhplace Russian	
St. Lange	(Include pregnancy within 3 months of death)
14. Maiden name Russian	Major findings of operations
E 15. Birthplace Lustran	Oate of op
16. Informant // May Service the	Antopsy results
Address 231 A stroit and	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
17 Burish Bate thereof Class 17-48	Accident, suicide, or homicide
17	Account, astrone, or trombour
Cemelery or crematory. X) acres (4)	Where did injury occur? (City or town) (County) (State)
Location Styman Hell Joach	Injured at home, tarm, Industry, public place (where?)
18. Funeral director John a Strebliancka	Meals of Injury Injured at work?
(1/172 1 Page 17	. Or
Address Table V. Jaca M.	23. SIGNATURA MURAL MARINE MAR
19. 4 15 19 X8 H.W. Jack, I	Deputy medical in
(Date ree'd hy registrar) Registrar	Address Julio Co. Deres all VIIII (1) 3/48.

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MAKIL	ANU	SIAIL	DEPARTMENT	Ur	HEAL	. 1 1

2411 N. Charles St., Baltimore

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03658

#### CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Baltique	ma la la contraction de la con
City or town	0 0 00 10 0
How long In above place of death?	(If outside city or town limits, write RURAL and give negrest town)
Hospital, institution, or street address where death occurred?	Street No. Waren Road
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war.
3. (a) FULL NAME Rosie Virginia	Sheelee 3. (b) Social Security Number
4. Sex   5. Color or race   6.(a)Single, married, widowed, of divorced	MEDICAL CERTIFICATION
F. W. marred	20. DATE OF DEATH. Chr. 25 1948 11 11 30
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
10	Juste 15 1949 10 apr 25 19 46
7. Sirth date of	and that I last saw h. Malive on
deceased (mg., day, yr.)  8 A.C.F. Years   Months   Days   It less than one day	Immediate cause of death
8. AGE: Years Months Days It less than one daymin.	Cerebral Newsthege 10day
9. Birthplace Balto G. Md. (Town, county, and s)ate)	Due to
10. Usual occupation. Homemafice	Due to Certerio acterosio -
11. Industry or business	
12. Name Unitropy	Other conditions
13. Birthplace	(Include pregnancy within 3 months of death)
H 14. Malden name	
14. Malden name	Major findings of operations.
111 S Charalles	
16. Informant	Antopsy results
Address foregantle	22. VIOLENCE: If death was due to external causes, fill in the following;
17. (Burgal remation or removal, Whiteh?)  (Burgal remation or removal, Whiteh?)	Accident, suicide, or homicide
A A	
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Mullimontial Man	Injured at home, farm, Industry, public place (where?)
18. Funeral director danden ma apropris	Means of Injury Injured at work?
Address Braile M.	Ohilana to Tour
	23. SIGNATURE M. D. OT OCHER
19. 4/26 19 Wilmer C. Ensor (Date rec'd by registrar) Registrar	Address Colony sville nd Date signed 4/20/4
(Date ree d by registrat) Registrat	AUUICOS AUUICOS AUUICA

RECEIVED

APR 28 1948

BUREAU V. S.

2411 N. Charles St., Baltimore

03659

Correct age

WITH UNFADING INK. Supply every item of information carefully. The important. Physicians: please write the causes of death clearly and legibly

PLAINLY, vis especially

WRITE

PLEASE

19. (Date re

A15 SA

MARGIN RESERVED FOR BINDING

CERTIFICAT	E OF DEATH Reg. Diat. No.
1. PLACE OF BEATH; County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
MILLON Shelton	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  6.(b) Name of husband or wife 6.(c) If alive, give age years  7. Birth date of decased (mo., day, yr.)  8. AGE: Years Months Day It less than one day  9. Birthplace (Town, county, and atate)  10. Usual occupation (Town, county, and atate)  11. Industry or business  12. Name Day 13. Birthplace	MEDICAL CERTIFICATION  9 20. DATE DF DEATH. LANGUAGE  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19 10 19  and that Liest saw h alive on 19  Immediate fuse of death DURATION  Durlo Durlo PROCEON PRACE STEEL  Due to GOOR OF LONGUAGE  Other conditions
14. Maiden name Tannie Cogan  15. Birthplace  16. Informant Society Shelton  Address 2/02 Fuelos Gre  17. Duck Shelton Date thereof (month) (day) (year)  Cemetery or crematory Back Mational Com  Location  18. Funeral director Man Gold Carring Sh.  Address //29 71. Carring Sh.	(Include pregnancy within 8 months of death)  Major findings of operations.  Date of op.  Antopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or hopirgide.  Where did injury occurs of the cause to which death should be charged statistically.  (City or town)  (County)  (County)  (State)  Injured at home, farm, industry, public place (where?)  Means of injury  PROCIC on negative injured afwork?  23. Signature.

F. PHYSICIANS should state Exact statement of OCCUPA-. Every item of infor--WRITE PLAMAY, WITH UNFADING INK-THIS IS A PERMANENT R. mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED V. S. No.

Village or City  On Sold Benney  (If death occurred in a horpital or institution, give Length of residence in city or town where death occurred	istration Dist. No.
Village or City Oncestee No. 530 Beach  (If death occurred in a horpital or institution, give the state of residence in city or town where death occurred the state of the sta	rk Rost. Ward its NAME instead of street and number)
(If death occurred in a horpital or institution, give Length of residence in city or town where death occurred	its NAME instead of street and number)
Length of residence in city or town where death occurred	
Out a self of a self	6
2. FULL NAME Wenceslaus J. Snemure	70
(a) Residence: No. St., Ward.	
	onresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIF	ICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) (Month	ril 5, 19348
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maried Shimones 22. 1 HEREBY CEF	RTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) March 27, 1889 I last saw h. M. alive on Offi	19 / Geath is said
7. AGE Yaars   Months Days If LESS than to have occurred on tha date stated above, a	at 3:55fm.
5 9 I day,hrs. The PRINCIPAL CAUSE OF DEATH and ral	
8. Trade, profession, or particular kind of work done, as SPINNER, Black Smith Ga. Rectum	of weeth april 194
kind of work done, as SPINNER, Black Smith SAWYER, BDOKKEEPER, etc.  9. Industry or businass in which work was done, as SILK MILL, Wagon Works SAW MILL, BANK, etc.  10. Data deceased last worked at 1939 11. Total time (years) 3000.	
10. Data deceased last worked at 1939 11. Total time (years) 304.  this occupation (month and 1939 cocupation this 304.	
12. BIRTHPLACE (city or town) 43 attemore Diher Contributory Causes of importance:	
(State or country)	
Name of operation	Date of
what test commined diagnosis:	
16. BIRTHPLACE (city or town severthe is their gasy Accident, suicide, or homicide?	
Where did injury occur?	oily city or town, county and State) TRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMDYAL  Manner of Injury  Manner of Injury	
19. UNDERTAKER Frank Grack For 24. Was diseasa or injury In any way related (Address) 700 y. Charter It is so, specify.	d to occupation of deceased?
20. FILED Agril 7, 19 48 A. W. Wedresk (Signed) (Address) 5.3.0  If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting 9	Dundento Rel M.D.

#### UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
  9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of evilensu 1915 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Peritonitis Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

PLEASE

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		-	and the same of
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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03661

#### CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Baltimore	
City or town (If outside city or town limits, write RURAL and give nearest town)	State 2nd County Salts
	Cily or town Harbor View
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
nuspriar, montaning of account account accounts	Street No. (If rural, give LOCATION)
tow long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME blena amie	Sigel 3. (b) Social Security Number
4. Set   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Imale shlute married	20. DATE OF DEATH. april 2 3 1948 21
stand T. Singel	21. I CERTIFY that death occurred on the date above stated; that Laklended deceased from
6.(b) Name of husband or wife	" Sur 10 10 45 10 CM23 10 90
S,(c) It alive, give age year	and that I last eaw h. 12 allve on Opus 2-2 19 95
1. Birth date of deceased (mo., day, yr.) Jeb. 26- 1890	
B. AGE: Years   Months   Days   It less than one day	Immediate cause of death
58 1 26min	
D D+	Mexarte to my
3. Birthpiace.	Oue to Pruseldes allelled 1931
(Town, county, and state)	
10. Usual occupation.	Oue to
11. Industry or business	
12. Name Henry Camberg	· Other conditions
12. Name Salto.	
	(Include pregnancy within 3 months of death)
14. Maiden name Crana Sleminger  15. Birtholace Sermany	Major findings of operations
E 15. Birthplace Termany	
Mula To Ligal	
16. Informant	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address 5740, 48 87.	22. VIOLENCE: It death was due to external causes, fill in the following;
17 Burial Dale thereof apr. 26-78	
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemelery or crematory Cake Lawn	Where did injury occur?
Location Caster are. Rd	Injured at home, tarm, industry, public place (where?)
al - a harmalles	Meene of injury injured at work?
1B. Funeral director	- X0-0
Address +18 Castern Core. Esker	23. SIGNATURE a graw & Cachulau Mis
19. apr. 26 - 18 48 dms. Connelly	3026 Brush 4 M. D. or other 269



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2411 N. Charles St., Baltimore

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03662

CERTIFICAT	E OF DEATH Reg. Diat. No. 3
1. PLACE OF DEATH:  Balling County  City or town. (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:  Tobas  How long in hospital or institution?  3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
Louisa Skidma	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced White Widow	MEDICAL CERTIFICATION  20. DATE OF DEATH. April 39 1948, 21 3 A M
6.(b) Name of husband or wite Benjamen Skidmore  8.(c) If alive, give age years  7. Birth date of	21. I SEBTIFY that death occurred on the date above stated; that I attended deceased from 18.46 to 12.61.19.45.
deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day	Immediate cause of death
78 min.	artral plumpinge 1 1945
9. Birthplace. New York (Town, county, and state)	Due to Cartage grant and a second
10. Usual occupation. Housewiff  11. Industry or business At House	Due to Carlereo Seleceses ?
11. Industry or dustriess  12. Name	Diher conditions Secure Conditions
14. Maiden name Maty Jeukius  15. Birtholace / Peland	(Include pregnancy within 3 months of death)
15. Birthplace , PEIANO	
Address LATherville, Md.	Autopsy results PHYSICIAN: Ptease underline the cause to which death should be charged statistically.
17. Revision, or removal, Which?)  Date thereof 1. Pf1/20/1948 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Cemetery or crematory Haven Funeral Home	Where did injury occur? (City or town) (County) (State)
Location Lake Wed Survey Some	tnjured at home, farm, Industry, public place (where?)
Address A Toward Mich.	En E. Michael new
10 ahr 29 188 DES nichel	23. SIGNATURE M. D. or other  M. D. or other  Address Prices rele 8, 24 d. Date signed Of 29-4.8
(Date rec'd by registrar) Registrar	Address Date signed

WITH UNFADING INK. Supply every item of information carefully. The cimportant. Physicians: please write the causes of death clearly and legibly. RESERVED FOR BINDING MARGIN

WRITE PLAINLY, is especially

PLEASE



2411 N. Charles St., Baltimore
CERTIFICATE OF DEATH

0366

Reg.	Dist.	No.	

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1. PLACE OF DEATH: County Baltimore				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town Catonsville (If outside city or town limits, write RURAL and give nearest town)				State Md. County none:	
City or town	utside city or town lin	nits, write R	URAL and give nearest town)	Politimone	
How long in above place	of death?	•••••		City or town (If outside city or town limits, write RURAL and	give nearcst town)
Mospital, Instilution, or	street address where d	leath occurred	:	Street No. 609 Cathedral St.	
Miss Cole	's Nursing	Home,	Shadyside Ave.	(If rural, give LOCATION)	, ,
How long in-hospital or	Institution?		·	2.(a) If veteran, name war	
3. (a) FULL NAME	James	P. Ten	npleman	3. (b) Social S	ecurity Number
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CERTIFICATION	ON
male	white	sir	ngle	2D. DATE DF DEATH. April 13	
				21. I CERTIFY that death occurred on the date above stated; that I atler	
				gree 1946, to 130	
7. Birth date of			e) If alive, give ageyears	and that I last saw h. 1 m. alive on	1
deceased (mo., day, y	r.) October	7, 18	387	Immediate cause of death.	
8. AGE: Years	Months	Days	If less than one day	Emplyana severe	5-10 m
60	6	6	hrsmln.	arthurtic Granchitis	
9. BirthplaceBa	ltimore, h	ld.	state)	Due to	
			guages		MERCHANICAL MARKET MARK
10. Usual occupation	Reltimo	re Cit	y College	Due to	
11. Industry or business			· · · · · · · · · · · · · · · · · · ·	,	
12. Name Dr 13. Dirthplace	. James Al	lbin Te	mpleman	Dther conditions	
13. Dirthplace	Ve	1 .		(Include pregnancy within 3 months of death)	
14. Malden name	Ella Brys	in			
14. Malden name	Ve	***************	***************************************	Major findings of operations.	······································
				Date of	op
16. Informant Mis	s Harriet	Temple	eman	Autopsy results	
Address 3403 Fairview Ave.				PHYSICIAN: Please underline the cause to which death should be	
				22. VIOLENCE: If death was due to external causes, fill in the following	
17 Burial (Burial, cremation, or removal, Which?)  Bate thereof April 16, 1948 (month) (day) (year)				Accident, suicide, or homicide	of
Cemetery of transferys Loudon Park				Where did injury occur?	(State)
Location 3801 Frederick Ave., Baltimore, Md.				tnjured at home, farm, tndustry, public place (where?)	
A 1				Means of injury Injured af w	
18. Funeral director John O. Mitchell & Ams, Inc					
Address 1900 Eutaw Place				123. SIGNATURE John a harbert of	<b>.</b> .
19. (Date rec's by registrar)  19. Registrar					M. D. or other

BINDING

FOR

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ADING INK. Supply every item of Physicians: please write the causes

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13 | and

03664

#### CEDTIFICATE OF DEATH

			CERTIFICAT	Reg. Dist. No	
1. PLACE OF DEATH: Baltimore				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or lown. Stemmers Run  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 5 Weeks  Hospital, Institution, or street address where death occurred:  Stemmers Run Road				State	eat,town)
	r institution?		***************************************	2.(a) If veleran, name war	
3. (a) FULL NAM	E EDITH	THOMAS		3. (b) Social Security N	umber
4. Sex female				MEDICAL CERTIFICATION  2B. DATE DF DEATH. April 23rd, 1948	7:05P.
	or wife Zacha			21. I CERTIFY that death occurred on the date above stated; that I altended decea	sed from
			1886	and that I last saw harmalive on April 23	19.44.8
deceased (mo., day,	yr.) July 20	1 Bays	If less than one day	Immediate cause of death	OURATION
61 /61		3	hrsmin.	Cardio - Mouler flust Hisson	3 400.
1D. Usual occupation.	Housewif	e	tate)	Due 10	
13. Birthplace	Wales			Other conditions	
14. Malden name Barbara Mainwaning 15. Birthplace Wales			ng	Major findings of operations.	
16. informant Mr. Z. Thomas  Address 353 S. Bonsal St., Balto., Md.				Autopsy results	
Date Thereof Apr. 27, 1948  (Burial, cremation, or removal. Which?)  Cemetery or crematory  Cemetery or crematory  Cemetery			(month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide	
Location Balta, Md.				Injured at home, farm, industry, public place (where?)	
18. Funeral director Agreement Funeral Henry Address 7401 Belair Road				C. HITE To Y	3.40.
19. Gate rec'd by r	9 6 19 4 8 egistrar)	John	a J. Cornelly registrar	23. SIGNATURE M. D. o  Address Balin fue Bala signed	4/=448

Easter 

2411 N. Charles St., Baltimore

03665

#### CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: County. Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State	
City or town		
Spring Grove State Hospital  How long in hospital or inslitulion? 5 months, 23 days		
3.(a) FULL NAME Margaret Triplett (Mange	3. (b) Social Security Number	
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced married	MEDICAL CERTIFICATION  20. DATE DF GEATH. APPIL 29 1948 ,12:15 a	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19	
8. AGE: Years Months Days If less than one day 78 7 23hrs.	min. Ucute Cardia Lacline	
9. Birthplace	Due to	
16. Informant Hospital records  Address Catonsville-28, Maryland	Antepsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, till in the following:	
17. (Burial, remation or removal Which?)  Cemetery or crematory  Localion  18. Funeral director. W. C. Address  Address  19. (Date free fit by registrar)  Date thereof. (month) (day) (year)  Compared the first of	Accident, suicide, or homicide. Accident Date of Child 27. 48	

MARGIN RESERVED FOR BINDING

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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#### CERTIFICATE OF DEATH

03666 Zy

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County & Clumone	(For newborn in ants give residence of mother)  State	
City or town	1 hanna Dait	
How long in above place of death?	(If ontside city or town limits, write RURAL and give nearest town)	••
Hospital, Institution, or street address these death occurred:	Street No. 702 F Street	
102 F SNEW	(If rural, give LOCATION)	
How long In hospital or Institution?	2.(a) It veteran, name war	100
3. (a) FULL NAME	3. (b) Social Security Number	
Samuel A. In	ott	
4. Sex 5. Color or race 6.(a) Stagle, a w cowed, or divorced	MEDICAL CERTIFICATION	
male W. 74?	20. DATE DE DEATH. April 20, 1948, 21 44	?
6,(b) Name of husband or wife Mary Irott	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	/-
	march 1 19 48 10 april 20 194	下
7. Birth date of Calles O. F. 1900	and that I last saw h. alive on april 19 19	8
deceased (mo., day, yr.)	Immediate cause of death	
8. AGE: Years Conths Days It less than one day	Commy Occlusion 14de	10
30 8 26min.	0	
9. Birthplace	Due to	
(Town, county, and state)	arteus celesoses :	
1D. Usual occupation	Due to	
11. Industry or business Bethelelium Stell Co.		
12. Name YINKNOWN	Other conditions	
13. Birthplace		
<b>5</b>	(Include pregnancy within 3 months of death)	
15. Birthplace	Major findings of operations	
≥ 15. Birthplace	Date of op	
16. Informant	Antopsy results.	
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.	_
17 Burial Bate thereof april 12, 1948	22. VIOLENCE: It death was due to external causes, fill in the tollowing;	
(Burial, cremation, or removal. Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Moreland Megnouse Cark	Where did Injury occur?	
Location Taylor and, Baltimore Counter	Injured at home, farm, industry, public place (where?)	
Raland & Field	Means of Injury Injured at work?	
1B. Funeral director		
Address 2//2 DUMANIR WY	23. SIGNATURE 200 200 ().	
april 21: 48 Dawson Y. Harts	M. D. or other	
(Date reo'd by registrar) Registrar	Address 5 LO Dole D JT Date signed L.	



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

03668

Reg. Dist. No.

1. PLACE OF DEATH: 30 Timere - 19-	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Quit	State County County
City or town	War en the 1 .
How long in above place of death? 2 years	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where dearly occurred:	Straet Mo.
3012 receive ave	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
	DIER. 201-07-5784
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white Widawed.	20. DATE DE DEATH. Opril 16 19.48 16:15 4
6.(b) Name of husband or wife Carrie Verdier	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	0 1 1 1 1
7. Birth date of deceased (mo., day, yr.) May. 17-1868	and that I last saw h. U.M. alive on
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
79, 10 29hrsmin.	Country occurred - June 1
As Mountain Pa.	Lufer Tensire
9. Birlhplace	Mander Yasaular deserve 8 to 10 4
10. Ilsual occupation Foreman.	
11. Industry or business Foundry.	Due to
KI IIII ( NOA NICE.	antited men.
12. Name	Other conditions
13. Birthplace So. Mount du Va.	(Include pregnancy within 3 months of death)
H, 14. Maiden name	
15. Birthplace As mountain. Pa.	Major findings of operations.
2	Date of op,
16. Informant Custus Verduer (Sou)	Actopsy results
Address / 10 m # /	
17 Duris 0. man 4-19-48	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Farmulus Cling	Where did injury occur?
Wirelite ill for	Injured at home, farm, Industry, public place (where?)
Location	Means of Injury Injured at work?
18. Funeral director W J. Cercel X ous	means of injury injured at work?
Address Varth A Ca. Ques, Baltimore	Jours no. Tolley M. N.
19. 4/16 10 XF A-W. Hedruh	6908 N. P+. Rd. BALTO-19 M. D. or other

22 97 trasler

2411 N. Charles St., Baltimore

03669

#### CERTIFICATE OF DEATH

·	Reg. Dist. No	
1. PLACE OF DEATH:  CountyBaltimore  City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Naryland County City or town. Baltimore. (If outside city or town limits, write RURAL and give new Street No. 428 W. 23rd St. (If rural, give LOCATION)  2.(a) If veteran, name war. 3. (b) Social Security	arest town)
SALVATOR J. VICCHTO  4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  Male White Married	MEDICAL CERTIFICATION  20. DATE OF DEATHApril 21 19.18	
6.(b) Name of hysylf or wife Egilda Vicchio  6.(c) If alive, give age 40 years	21. I CERTIFY that death occurred on the date above stated; that I attended dec  March 20. 19. 48. to April 2  and that I fast saw h. imalive on April 21.	eased from 1 48
deceased (mo., day, yr.)   8-6-1900	Immediato cause of death	. DURATION
9. Birthplace	Due to.	2 Wks.
12. Name John Vicchio 13. Birthplace Italy	Other conditions	
14. Maiden name Mary Detorie 15. Birthplace Italy	Major findings of operations	
Address Fort Howard, Md.  17. Burial Date thereof (month) (day) (year)  Cemetery or crematory New Cathedral Cemetery  Baltimore, Maryland  18. Funeral director Wm. Cook Sec.  Address St. Paul & Preston Sts., Balto., Md.	22 SIGNATING	statistically. (State)
19. April 23.19. 48. Q. W. Helrich (Datorec'd by registrar)  Registrar	R. J. LIPIN, M. D.  Address. VAH, FT. HOWARD, MD. Date signed	or other

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and SE VS A15 PLEA

03671

0.00	2411 N. Charl	lea St., Baltimore 940	
W Jal.	CERTIFICAT	TE OF DEATH Reg. Dist. No	35
e corn	1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
The clegibly.	City or town // MONIUM D - // MONIUM (If outside city or town limits, write RURAL and give nearest town)	Pale MD County BALTO	• • • • • • • • • • • • • • • • • • • •
fully	How long in above place of death?	City or town (If outside city or town limits, write RURAL and gree neares	st town)
care	nuspital, institution, or street audiess where death occurred.	Street No. (If rural, give LOCATION)	
tion h cle	How long in hospital or institution?	2.(a) If veteran, name war	
information carefully of death clearly and	3. (a) FULL NAME Ernest Ervin Wale	3. (b) Social Security Nu	ımber
in	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
BINDING item of the causes	MWM	2D. DATE DF DEATH april 20 1948, 21	2:30P.M
BINE iter	6.(6) Name of husband or wife ELLA MAE WALDROT	21. I CERTIFY that death occurred on the date above stated; that I attended decease	d from
	7. Birth date of		19.48
FC ly e	deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day	Immediaje cause of death	DURATION
Supply explasse write	8. AGE: Years Months Days If less'than one day  6 23hrsmin.	Cornary orclessins.	sudden.
F 12 P4	9. Birthplace (Town, county, and state)	Due to	***************************************
RESE G INK cians:	10. Usual occupation Distributor - CRN Machine E	OP.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
0	11. Industry or business SELF.	Duě to	
MARGIN NFADIN nt. Physic	# 12 Name HERBERT T, WALDROD	Dither conditions Outhritis, chronic	10 yrs.
MA UNF		alcohalism (Include pregnancy within 3 months of death)	
I mboort	14. Maiden name ELiz McCAULEY  15. Birthplace 5. C	Major fiediogs of operations	
S ii	El 15. Birthplace 5. C		
ally.	16. Informant BUA MAE WASSES	Actorsy results	tistically.
PLAINLY,	Address LIMONIUM (D_ IMONUM, M)	22. VIOLENCE: If death was due to external causes, fill in the following:	
PLA PLA	17	Accident, sulcide, or homicide	**********
S-15	Cemetery occumulary WASHINGTON CO HIZEH	Whera did injury occur? (City or town) (County) (8	State)
WRING	Location CAPOLINY		
	18. Funeral directolly T. Jich NER TOONS	Means of Injury Injured at work?	
VS A15	Address DALLO, M.D.	, 23. SIGNATURE & lie abouth B. Shurilly M.	·4.
VS PL	19. april 22 19 48 a. Tw. Helich (Dataree'd by registrar) Registrar	Address Cockeys ville, Mal. Date signed to	1-20-48
		1	

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

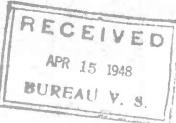
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0	5	AL.	
8	5	a	-

03670

#### CERTIFICATE OF DEATH

er. Diat. No. 40

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newbork infants give residence of mother)
City or town. They falls med	State Mai Cont. Dalb.
City or town.  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	
	Street No
Hów long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Jacob D. War	(WANN) 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M. W. Widowed	20. DATE OF DEATH a fine 13 19.48, 21 23 9
6,(b) Name of husband or wite	21. T CBRTIFY that death occurred on the date above stated; that Dit need seceased from
	1111 10 1944 104 11 1948
7. Birth date of	and that I last saw harmalive on April 194
deceased (mo., day, yr.)	Internate cause of death DURATION
8. AGE: Years Months Days If less than one day	Cores Wyermonlago
97 9min.	15004
Harland Co Meli	6
9. Birthplace	
10. Usual occupation	
	Oue to
11. Industry or business	
E 12. Name Sent 7: Vi acces	Other conditions
13. Birthplace	(Include pregnancy within 3 months of death)
14. Malden name and Cuenower	
14. Malden name  15. Birthplace	Major findings of operations
milled . Warun	Date of op
16. Informant	Actopsy results
Address Bradelian Wit	
17 Buriel Date thereof affeil 15-48	22. VIOLENCE: If death was due to external causes, till in the following;
(Burial, cremation, or removal. Which?) , (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Mountain Chistian Con	Where did fejury occur?
Location Johna mid	Injured at home, farm, indusfry, public place (where?)
Coheber I. asther	Means of Injury ignured at work?
18. Funeral director TONR WINE	1600 makes -
Address / OVI / OUT	23. STUNKTURE!
19. april 3 1948 G. E. authur	Bulling Bull 1974



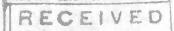
PLEASE

#### MARYLAND STATE DEPARTMENT OF HEALTH

# 2411 N. Charles St., Baltimore OF CERTIFICATE OF DEATH

03672

1. PLACE OF DEATH: D	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Bellistoge	(For newborn infants give residence of mother)
City or town	"" De anna de Parint
How long in above place of death? 24 years	City or town(Ir outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 1216 Blachwood Road
1216 Blackwood voud	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Edurin Wan	hurst  3. (b) Social Security Number
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m w m	20. DATE DE DEATH. April 20 19.48 21. 5.a.
Phillis, Warhungt	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	april 20 19 48 10 april 2019 78
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) White Days I if less than one day	Immediate cause uf death
o. AGE:	
61 5 0hrs.	min. Coronary Cc Cuscow 12hus
9. Birthplace England	Due 10.
Town, county and atate)	Christophouses
1B. Usual occupation.	Due 10
11. Industry or business (Della Change Specific Co.	
12. Name Frederick Warkurst  13. Birthplace England	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Emily Banforth	Major findings of operations.
15. Birtholace Employed	Major hadings of operations
Mrs PRIVILLE YVIDAGUANT	Autopsy results.
16. Informant IVVIII WAR AND THE CONTROL OF THE CON	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address 216 Blackwood (M. Spanner Vol	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Buttal gramation or removal Whish?)  (Rayiel gramation or removal Whish?)	Accident, suicide, or homicide
march & Marian Property	Where did laiury occur?
Cemetery or crematory	
Location Jaylor apre, Caflemon, Co.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Roland L. Fisher	Means of Injury Injured at work?
111 D da (16 1.10	281. 2
Address LIL TOMMANDE WE.	23. SIGNATURE M. D. or other
19. april 24: 19 48 Oawsm 7. /1ast	520D St. Jost 19 madigned 4.21



APR 21 1948

RUPPAH V S.

2411 N. Charles St., Baltimore

03673

#### CERTIFICATE OF DEATH

	Reg. Diat. No.
County.  City or town City or town limits, write RURAL and give nearest town)  How long in above place of death?.  Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infsnts give residence of mother)  State
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Katherine Webe	<b>C</b> .
4. Sex Reynold Math S. Color or race B.(a) Single, married, wildowed, or divorced Math Math	MEDICAL CERTIFICATION  20. DATE OF DEATH OF DEATH 19.48 at 1
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended decreased from
7. Birth date of deceased (mo., day, yr.) aug 10 7 1878	and that I last saw h alive on again 19 48.
8. AGE: Years   Months   Days   If less than one day	<b>−</b>
9. Birthplace(Town, county, and state)	Due to arterio Selesotel-Cardio
10. Usual occupation	Due to
12. Name	Other conditions Chrome Hephnitis 1 yr
14. Maiden name Sont Fallow  15. Birthplace	(Include pregnancy within 3 months of death)  Major fiediogs of operations
El 15. Birthplace	Date of op.
18. Informant Muo Pagas Clark	Autopsy results.
Address 4205 angone me	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or remova) Which?)  Date Ihereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Thursday Comments of the Comments of th	Where did injury occur? (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)
Location Donnell St.	Injured at home, farm, industry, public place (where?)  Means of Injury  Injured at work?
18. Funeral director Welling Turnel Home	Marie of tripli
Address 2008 Vileuron	23. SIGNATURE M. D. or other M. D. or other
19. (Date rec'd by registrar)  Registrar	Address Sullo 6 Date signed 7 7 2 70

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

PLEASE

MARGIN RESERVED FOR BINDING

PLEASE

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

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03674

22

Reg. Diat. No.....

1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town Mount Wilson (If outside city or town limits, write RURAL and give nearest town)	State Maryland County Baltimore	
(If outside city or town limits, write RURAL and give nearest town)  Now long in above place of death?  O YPS . O MOS . , 4 days  Hospital, institution, or street address where death occurred: Mt.Wilson	City or town Mount Wilson (If outside city or town timits, write RURAL and give nearest town)	
Branch. Md. T.B. Sanatorium	Street No. Mt, Wilson Sanatorium (If raral, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
Earl T. Webster	214-10-5967	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male White Divorced	20. DATE OF DEATH April 11, 19.48 ,10:10 PM	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from	
7. Birth date of	April 8, 1948 to April 11, 1948	
deceased (mo., day, yr.) September 4, 1911	Immediate cause of death Strangulated Hernia DURATION	
8. AGE: Years Months Days It less than one day	with Gangrene, 1 day; bilateral 1 day	
36 7 7hrsmln.	pulmon, edema: gangrene of il- 1 day	
9. Birthplace Frederick, Maryland (Town, county, and atate)	eum; peritonitus. 1 day Strang hernia; post-perfora- Due to ted appendectomy scar with	
10. Usual occupation. Office Clerk		
f1, industry or business		
	adhesions.  By adhesions Pulmonary Tuberculosis.	
12. Name Allen T. Webster 13. Birthplace Frederick, Maryland		
[ 14. Malden name Ada Thomas	(tuclude pregnancy within 8 months of death)	
14. Malden name Ada Thomas 15. Birthplace Frederick, Maryland	Major findings of operations Gang a ileum, about 12";	
F M W-1	post-incision hernia 00 te of op 4/10/48	
	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address Mt.Wilson, Md.	22. VIOLENCE: If death was due to external causes, filt in the following:	
17. Burial Date thereot April 14, 1945 (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide	
Cemetery or crematory Mt.Olivet Cemetery	Where did injury occur?	
Location Frederick, Maryland	(City or town) (County) (State)	
	Means of Injury Injured at work?	
18. Funeral director Etchison Funeral Home	200.	
Address 106 E. Church St. Fred., Md.	23. SIGNATURE D. J. Diegel M. D.	
19. Ahr. 11. 19. 48. 6.6 Miles Registrar	Address Mt. Wilson, Md. Date signed 4/11/48	

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03675

#### CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DE	ATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Baltimore  City or town Pikesville  (If outside city or town limits, write RURAL and give nearest town)		State Maryland Count	Baltimore			
			••••••	City or town. Pikes ville (If outside city or town limits.		
	street address where o			Street No. 202 Oak Avenue		***************************************
				(If rural, give L		
	institution?			2.(a) tf veleran, name war		*****************
3. (a) FULL NAM		Somer	field Whiteley, S	ir.	3. (b) Social Security Num	iber
4. Sex	-5. Color or race		, married, widowed, or divorced	MEDICAL CEI	RTIFICATION	
Male	White		Widower	20. DATE OF DEATH April 29.		1:15 A N
8.(6) Name of husband or wife Ida E. Whiteley		21. I CERTIFY that death occurred on the date above stated; that I attended deceased from				
***************************************			) If allve, give ageyears	March 19.9		
7. Birth date of deceased (mo., day.)	r.) July	14 -	1856	Immediate cause of death		DURATION
8. AGE: Years		Days	tf less than one day	Immediate cause of death		
9]	9	15	hrs	Arterio Sclerosi		?
9. Birthplace	Baltimore (Town,	, Mary	land	Due to		
				***************************************		
	Areta Car		***************************************	Due to		100000000000000000000000000000000000000
11. Industry or husines	-			***************************************		*****************
	Baltimore,			Diher conditions Senility		
The same of the sa			У	(Include pregnancy within 8 mo		
14. Maiden name.			.y	Major findings of operations		******************
				***************************************	Date of op	.0.0.0.0.0
16. InformantM.T.S	. George S	. Whit	eley. Jr.	Autopsy results		
Address 20	2 Oak Aver	me, Pi	le sville, Md.	PHYSICIAN: Flease underline the cause to which	Transport to the second of the	ticatiy.
Buria	1	D. A. A.	. May 1. 1948	22. VIOLENCE: If death was due to external cause		
(Burial, cremation	, or removal. Which?)		(month) (day) (year)	Accident, suicide, or homicide		
Cemetery or cremato	Druid	Ridge	} ······	Where did injury occur?(City or town)	(County) (St	ate)
			and	Injured at home, farm, industry, public place (when		
				(		-14-
18. Funeral director Frank H. Newell		4-65	. 1 0			
Pigar 655	Pikesville-	- 7		23. SIGNATURE A) C 6 M	rchalo	
5 - 3	48 19	97	- 6.6 Uschal		M. D. or ot	
(Date rec'd by re	19gistrar)	/.V	Registrar	Address PIKBS VILLE, Male	Date signed	1/48

MINISTER OF THE PRESENT OF STREET, MY SERVICE OF STREET, MY

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PLEASE WRITE PL.

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03676

#### CERTIFICATE OF DEATH

er, Diat. No. 30

1/ PLACE OF DEATH:   County   Baltimore   County   County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newlorn infants give residence of mother)	
Clty or town	City or town (If outside city or town limits, write RURAL and give near Street No. (If rural, give LOCATION)	
How long in hospital or institution? 13 years 16 days	2.(a) If veteran, name war	<i>.</i>
3.(a) FULL NAME  Crofton Whitter	3. (b) Social Security	Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION	
Male White Widower	20, DATE OF DEATH April 29 19.48	a 6.15 a
6.(b) Name of husband or wife Mary Gunther Whitter  deceased 6.(c) If allve, give age years 7. Birth date of deceased (mo., day, yr.) April 13, 1874	21. I CERTIFY that death occurred on the date above stated: that I attended dece April 13. 19 33 to April and that I last saw h im allve on April 29	29 <sub>19</sub> 48 <sub>19</sub> 48
8. AGE: Years Months Days If less than one day 74 0 16	Right Lobar Pneumonia	DURATION 12 hrs
9. BirthplaceBaltimore (Town, county, and state)  1D. Usual occupation Electrician	Due to Generalized Atherometosis  Due to Arteriors Elevotic Heart Disease	indefinit
11. thdustry or business Electrical    12. Name William Whitter   13. Birthplace Bermuda	Glomerular Nephritis  Dther conditions	indefinit
14. Maiden name Amelia Gaddes 15. Birthplace Baltimore, Md. 16. Informant Hospital Records	Major findings of operations	
Address Spring Grove State Hospital  17 Junior Committee	PHYSICIAN: Please underline the cause to which death should be charged  22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide	(State)
19. 4 30 Hedres  (Date fee'd by registrar)  Registrar	23. SIGNATURE Dr. I. Tuerk MGD.  M. D. Catonsville 28, Md.  Date signed.	or other 4-29-48

2411 N. Charles St., Baltimore

03677

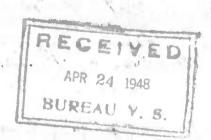
CERTIFICA	ATE OF DEATH ( Reg. Diat. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County City or town 740 cheering Cross Road	State Md County Baltimore
(If outside city or town limits, write RURAL and give nearest town)	City or town
How long in above place of death?	City or town(If outside city or town limits, write RURAL and give nearest town)
mospital, institution, of street address when years	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Carrie Johnson W.	iley
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W Widow	20. DATE OF DEATH april 22 1948 21 4.
8.(b) Name of husband or wife Robert & Wiley	21 I CERTIFY that death occurred on the date above stated: that I attended deceased from
	april 19 (27, april 22 19
7. Birth date of Second (mo day yr.)	and that I last saw h . Quealive on
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   11 less than one day	Impediate cause of death Sancua C DUNA
76 5 14 hrs	
m. J. W. J. J. n.	
9. Birihplace (Town, county, and state)	Due Va.
10. Usual occupation House wefe	Bus to
11. Industry or business	Due to
# 12 Name Mucholas Watt	Ditter condition evelual Democratical Joy!
13. Birthplace Harris Co and	10: NUT MILLIES , do Se
14 Maiden name Pelvecea Caunes	matterspreadings when the the star of 37/
14. Maiden name. 15. Birthpiace of artord Co red	Major fiadiags of operations.
n la en els	Date of op.
18. Informant	PHYStCIAN: Please underline the cause to which death should be charged statistically.
Address While tall med	22. VIOLENCE: t1 death was due to external causes, 1111 in the following:
(Burial, cremation, or removal, Which?)  Date thereol (month) (day) (year)	Accident, suicide, or homicide
Genetery or crematory. Between	Where did injury occur?
Mades and Harlandery	Injured at home, farm, industry, public place (where?)
Location	Meens of injury Injured at work?
18. Funeral director harles 6. Thurs	
Address garrettovelle 2011	- 22 SIGNATURE Client W Lalusma
while 22 use 1/E Horne	M. D. or other
(Date rec'd by registrar) Registr	rar Address 3 432 Trali M Clies Date signed T. 77

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MARGIN

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VS



# CERTIFICATE OF DEATH

Reg. Diat. No. .....

1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Loreley (If outside city or town limits, write RURAL and give nearest town)	State Maryland County Baltimore		
	City or town		
How long in above place of death?			
Hospital, Institution, or street address where death occurred: Old Philadelphia Road	Street No. Old Philadelphia Road		
Old Philadelphia Road	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Margaret Williams	AUDITORIA DE LA CELLO DE GUALLA.		
4. Sex   5. Color or race   6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION		
Female Colored Married	20. DATE OF DEATH CERTIL 18 1948 216:35F		
6.(b) Name of husband or wife Dennis Williams	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
E (e) If all we give once	aprel 15 1948 to aprel 8 1940		
7. Birth date of	and that I last saw h. M. alive on upue 5 19.5		
deceased (mo., day, yr.) November 22, 1896	Immediate cause of death		
8. AGE: Years Months Days If less than one day	Caranay Ollusion		
51 5hrs.	nin.		
77 0 0 0	XL. DOOTHERSELS Reach SUKD.		
9. Birthplace	Due to.		
10. Usual occupation Housewife			
10. Usual occupation	Due to.		
11. Industry or business			
Edward Bell	Other conditions there are Kard Certhritis		
E 363			
	(Include pregnancy within 3 months of death)		
14. Maiden nameJospehine Hill  15. Birthplace Md.	Major findings of operations		
15. Birthplace Md			
	Date of op.		
16. Informant Mr. Dennis Williams	Autopsy results		
Address Loreley, Balto., Co., Md.			
	22. VIOLENCE: If death was due to external causes, fill in the following;		
17. Burial (Burial, cremation, or removal, Whitch?)  Date thereof 4-22, 1948 (month) (day) (year)	Accident, suicide, or homicide		
, ————————————————————————————————————			
Cemetery or crematoryClark's Chapel			
Location Clark's Chapel, Harford Co.	Injured at home, farm, industry, public place (where?)		
	t) defined (		
18. Funeral director Mrs. France A. Hemsley			
Address 578 W. Biddle St.	Van Old ( ( ) rolling off of		
	23. SIGNATURE M. D. or other		
19. April 22 19 48 a. W. Hedres	Me Mylant & Kd note closett 19-48		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03679

# CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County Baltimore Coton and 120		State Maryland County					
City or town							
How long in above place of d	eath? 9 mc	nths	20 days	Cily or town Baltimore 1 (If outside city or town limits	write RURAL and give nea	rest town)	
Hospital, institution, or stre				Street No. 1322 Linden	Avenue		
			pital	(if rurn), give LOCATION)			
	tilulion?	ntns	20 days	2.(a) If veteran, name war			
3. (a) FULL NAME	Bert	Wilson	1.	3. (b) Social Security Number			
4. Sex   5.	Color or race	6.(a) Sing	e, married, widowed, or divorced	MEDICAL CE	ERTIFICATION		
male	white		married	20. DATE OF DEATH. April 15	19.48	at 2:05 p	
6.(b) Name of husband or w	Ma Ma	lissa	Ferguson	21. I CERTIFY that death occurred on the date abo	ve stated; thal I attended decea	sed from	
B.(O) Name of husband of w	(1) C			June 26 194			
7. Birih date of			c) It alive, give age 111 years	and that t last saw h i.m alive on	April 15	15.48	
deceased (mo., day, yr.)	Months	10, 1	If less than one day	Immediate cause of death		DURATION	
8. AGE: Years		Days		Acute myocardial	insufficiency	li hour	
42	9 1	5	hrs min.	Pulmonary oedema	-acute	2 hour	
9. Birihpiace	Virginia (Town,	county, and	atate)	Due to Chronic corona	ry sclerosis	Indefini	
1D. Usual occupation			9	Due to Arteriosclerotic 1	neart, disease	17	
11, industry or business	Paint			Due to		0,	
		son		Dither conditions Tuberculosis	- fibro-calcif	ic	
	Virginia					99	
		100		right apex (Include pregnancy within 3 n	nonths of death)		
H 14. Maiden name			<u> </u>	Major findings of operations			
15. Birthplace	Virginia	C FIN					
16 Informant	Hospital	reco	rds	Autopsy results as above	***************************************		
Address			Maryland	PHYSICIAN: Please underline the cause to wh	nich death should he charged	statistically.	
Bured 3	1		0 1.00	22. VIOLENCE: If death was due to external cau	ses, fill in the following;		
(Burial, creation, or	removal Which?)	Date the	eol(month) (dg/) (year)	Accident, suicide, or homicide	Date of		
Cemetery or crematory				Where did injury occur?(City or town)	(County)	(State)	
James do	bano	w	7/a	Injured at home, farm, Industry, public place (wi	here?)		
Location	0 - "	met	hell Bon Ine	Means of Injury	Injured at work?		
18. Funeral director					ule_		
Address // 40	O Euls			23. SIGNATURE Isadore Tuerk,	M.D.		
10 april	6 19 48	9	E. Horry		M, D, c	or other	
(Dath regid by registr	rar)		Registrar	Address Catonsville-28, 1	Id. Date signed.	4-12-40	



HE STATES THE

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

03680 Reg. Diat. No. 38

1. PLACE OF DEATH: Baltimore County			ers	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State	
3. (a) FULL NAME	F	RUTH CO	CKEY WOODWARD		3. (b) Social Security Number None
Female	Color or race White	Wid	married, widowed, or divorced OWed	MEDICAL CE	RTIFICATION  19.48 9 A.
T the state of the state of		6.(e)	odvard  If alive, give ageyears	21. I CERTIFY that death occurred on the date above	earl 1/2 1041
8. AGE: Years	Months 9	Days 3	If less than one dayhrsmin.	Immediate cause of death.	Column 700
10. Usual occupation	(Town,	eounty, and at wife	. Co., Maryland	Due to	
16. Informant	Mar	yland Woodwa	rd	Major findings of operations	
17Bur:	Thuso	Prospec Wary	t Hill Cemetery  land  Maryland  Company  Registrar	22. VIOLENCE: If death was due to externat caus Accident, suicide, or homicide	(County) (State)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, is especially

PLEASE